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ABSTRACT

The objectives of the Clinical Information Processes in Reading Project (CLIPIR) were to create simulated cases of reading difficulty, observe experienced reading diagnosticians as they interacted with those cases, and analyze the protocols of their proceedings. Cases were designed to represent commonly encountered reading difficulties. By observing clinicians diagnosing the cases, it was possible to identify how they gathered and interpreted the available information. After the protocols were analyzed, it was concluded that most clinicians base their diagnoses on a relatively small number of cues; that they entertain their first hypotheses very early in the session; and that despite variability in number of cues requested and amount of total elapsed time, clinicians ultimately identify correctly subjects' major difficulties. (Verbatim transcripts of observational and debriefing sessions are included.) (Author/TJ)

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Research Series No. 14

CASE PRODUCTION AND ANALYSIS:

CLIPIR PILOT OBSERVATIONAL STUDY, 1976

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Abstract

The objectives of the CLIPIR Project (Clinical Information Processes in Reading) were to create simulated cases of reading difficulty, observe experienced reading diagnosticians as they interacted with those cases, and analyze the protocols of their proceedings.

Cases were designed to represent commonly encountered reading difficulties. By observing clinicians diagnosing the cases, we were able to identify how they gathered and interpreted the available information.

After analyzing the protocols we concluded that:

(1) Most clinicians base their diagnoses on a relatively small number of cues;

(2) They entertain their first hypotheses very early in the session;

(3) Despite variability in number of cues requested and amount of total elapsed time, clinicians ultimately correctly identify the subject's major difficulties.

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The work was done in collaboration with Jay Gardner. Content specialists for case preparation were Professors Lois Bader and George Sherman. Methods specialists were Christian Wagner and Professors John Vinsonhaler and Lee Shulman.

Case Production and Analysis: CLIPIR Observational Study, 1976

Annabelle Lee
and Annette Weinshank*

Clinical decision making as it applies to the diagnosis of reading difficulties is a complex intellectual task that involves a decision maker and a decision case. The reading diagnostician, as a clinical decision maker, analyzes information (cues) from a given case of reading difficulty, decides what problems characterize the case, and determines what the remediation plan should include. Clinical decision making, as a model of information processing, served as the theoretical basis for the pilot study developed by the Clinical Information Processes in Reading (CLIPIR) group (Shulman & Elstein, 1975; Vinsonhaler, Wagner, & Elstein, 1977).

The objectives of the CLIPIR pilot observational study were to:

(1) Create cases of reading difficulty such that a diagnostician would find them both plausible and realistically complex.

(2) Observe experienced reading diagnosticians interacting with simulated cases of reading difficulties to determine the processes by which they arrive at their diagnoses. (These processes comprise the task known as "clinical decision making.")

(3) Analyze the cue requests and how they relate to the diagnostician's hypotheses about what the reading difficulties might be.

(4) Determine if commonalities exist among the strategies used by the diagnosticians. (A diagnostic strategy includes cues requested, number of cues requested, order in which cues are requested, and hypotheses being tested.)

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The remainder of this monograph explains in detail the development of the experimental materials and procedures.

Note: The project vocabulary is as follows: CS or C is the clinician, an experienced reading diagnostician who interacts with a simulated case of reading difficulty; E is the experimenter, or person responsible for providing the clinician with instructions and case information and for directing the debriefing session; S is the subject, the individual with the reading problem.

Case Production

Background

Before producing our first case, we developed a schema of four domains of ability identified as variables which might contribute to reading difficulties. These broad domains were "perceptual," "physical," "affective," and "cognitive." We next compiled a taxonomy of specific reading skill categories (phonics, sight vocabulary, structural analysis, context analysis); proficiency in each category depended on the proper functioning of the relevant ability domain(s). Success in structural analysis, for example, was seen as dependent on the functioning of the following ability domains (in order of importance): cognitive, perceptual, physical, and affective. Thus, for a child with a reading difficulty in this skill area, the cognitive domain would be the initial focus for a plan of remediation.

The domains of ability were also used to help define prototypical problem cases. Reading disabilities resulting primarily from hearing impairment, for instance, were classified in the physical domain, semantic-syntactic inadequacy in the cognitive domain, and sight vocabu-

lary deficiency in the perceptual domain. These prototypical cases provided the framework within which our simulated cases were developed.

Case Selection

We produced two cases for the pilot project, those of Richard and Larry. Each case represented a relatively typical reading problem falling primarily within the scope of one of the ability domains. In both instances, we began with the actual diagnostic case write-up, having previously obtained official releases from the parents of the children involved.

Larry's file contained completed test booklets and extensive family and school information; Richard's did not. The absence of such material for Richard forced us to rely solely on the diagnostic write-up to reconstruct plausible test answer sheets. This procedure yielded highly authentic materials, but it proved extremely costly in terms of time and effort. (As a result of this experience, we strongly recommend that all future case production begin with a complete file.)

The file on Larry contained information of the kind typically included in evaluations compiled at the Michigan State University Reading Clinic:

(1) Parent Referral Information Form (family history, environment, subject's interests, etc.);

(2) Teacher Form (reading-related performance, behavioral checklist);

(3) School information and health data (academic progress, attendance, health, hearing/vision, pupil evaluation);

(4) Tests administered by the clinic diagnostician (intelligence, achievement, and diagnostic tests of reading difficulty).

The evaluation of the examining diagnostician--diagnoses, suggested

remediation, observations, and comments--was also a part of the case as it was originally compiled in the clinic.

Case Refinement

Having obtained the background data on the case, we determined what information needed to be deleted, disguised, modified, emphasized, or added in order to sharpen the contours of the case. We decided to:

(1) delete from every complete file the clinic examiner's diagnosis, remediation plan, and interpretive comments,

(2) disguise all identifying references: subject's name and address, names of schools, teachers, parents, and siblings, parents' school background and occupations, and the clinic examiner's name,

(3) modify extreme cue values which would obscure the focus of the case,

(4) emphasize cue values supportive of the major problem of the case (For example, we altered Larry's original audiometric record to emphasize hearing impairment in the higher frequencies so as to correlate with other cues embodied in the case.), and

(5) add audio tapes of the subject's oral reading production; a same-sex child of similar age was trained to simulate the subject's reading difficulty as indicated on test booklets (such as the oral reading section of the Durrell Analysis of Reading Difficulty).

Categorization of Information

To make the simulation as authentic as possible and to control the amount of information the clinician could see at any one time, we subdivided the cues into six categories: cue name, score or value, experimenter's comments, test booklets, annotated test booklets, and audio recordings. In the case of multiple subtests, each subtest was considered

a separate cue (e.g., Durrell Oral Reading, Silent Reading, Listening Comprehension, etc.). Cue names, score or value, experimenter's comments (observations) and presence or absence of audio tapes--all of which reflected refinements made in the case--were transferred to the CLIPIR Case Profile Form (see Figure 1).

Figure 1. CLIPIR Case Profile Form

Profile Description: Larry

Cue name	Score or Value	Observations	Audio
Durrell Analysis of Reading Difficulty: Oral Reading Subtest	Grade Level: 3.5	bought for brought, on for one, filled for field, yard for hard, America for Africa, and speared for spread.	yes

Scores and values were expressed in their original units: grade equivalents, I.Q., percent correct, or blank. Observations included listings of errors, or behavioral observations made in the home and/or school.

Upon completion of the case profile forms, the cue name and score of observation were typed on individual sheets and encased in plastic to protect them from being inadvertently damaged or marked (see Figure 2).

The two cue categories remaining were the actual test booklets and annotated booklets. A test booklet was considered annotated if it included more than just "correct/incorrect" markings. Tests such as the Dolch and SORT, for example, were viewed as annotated because they noted how a word was miscalled.

Test responses were transcribed onto blank booklets, with changes made as described in the Case Refinement section of this report. Referral and school information were also transcribed onto blank forms, again

Figure 2. Cue Information Sheets

4-1

STUDENT: LARRY

TEST/INFORMATION:

Durrell Analysis of Reading Difficulty-Oral Reading Subtest

Score: 3.5

4-2

STUDENT: LARRY

TEST/INFORMATION:

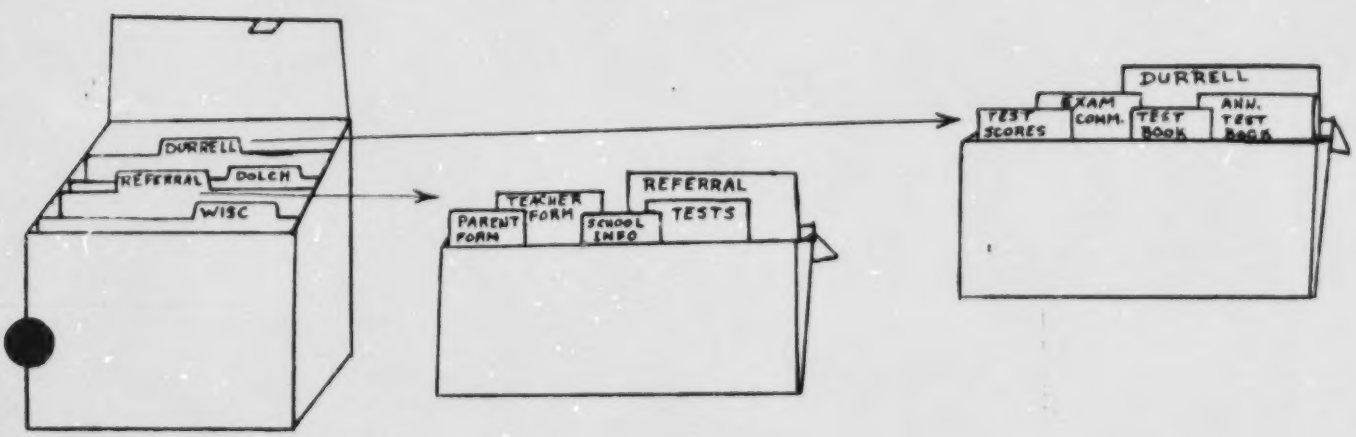
Durrell Analysis of Reading Difficulty-Oral Reading Subtest

Examiner's Comments:
Larry read orally a third, a fourth, and a fifth-grade paragraph. His score based on rate was comparable to that of a low to middle third grader. He read "bought" for "brought," "on" for "one," "filled" for "field," "America" for "Africa," "yard" for "hard," "speared" for "spread," etc.

incorporating all changes.

The last step in categorization of information was the assembly of all data within each major category (as illustrated in Figure 3).

Figure 3. Case Assembly



In the experimental setting, the clinicians requested each piece of information from the experimenter; they were not allowed free access to the complete file. This controlling procedure made it possible for the sequence of cue requests to be monitored and recorded. One problem with the procedure, however, was that it forced the clinician to recall from memory available cues listed verbally by the experimenter. Previous research on medical inquiry (Shulman & Elstein, 1975) indicated that forcing physicians to recall names of tests confounded memory with the ability to evaluate. To correct this design deficiency in our work, we decided to provide the clinician with a list of all available case-related types of information. The list was known as the Case Information Inventory (see Figure 4).

Case Abstract

The case abstract was intended to summarize the cue names, cue values, comments, and associated hypotheses for each case. The abstract was to be used in two ways: (1) as a check on each clinician's diagnosis, and (2) as an abbreviated version of the simulated case, to be analyzed by subjects other than the consulting clinicians (see Figure 5).

In summary, the steps required to produce a simulated case of reading difficulty were: selection, refinement, categorization of information, and preparation of a case abstract.

Experimental Procedure

Once the case was completed, we developed experimental procedures to govern the clinician's interaction with the case. The procedures served to: (1) standardize administration of the case; (2) provide a cognitive

CLIPIR OS:CII

6/23/76 CASE-RICHARD

CASE INFORMATION INVENTORY

TYPES OF INFORMATION	Test Scores	Examiner's Comments	Test Booklet	Annotated Test Booklet	Audio Recordings of Session
DOLCH WORD LIST	2-1	2-2	2-3	2-4	2-5
DURRELL ANALYSIS OF READING DIFFICULTY					
Oral Reading	3-1	3-2	*	3-4	3-5
Silent Reading	3-6	3-7	*	3-9	*
Listening Comprehension	3-11	3-12	*	3-14	*
Word Recognition and word Analysis	3-16	3-17	*	3-19	3-20
Visual Memory of Words-Primary	3-21	3-22	*	3-24	*
Hearing Sounds in words	3-26	3-27	*	3-29	*
Sounds of Letters	3-31	3-32	*	3-34	*

Figure 4. Case Information Inventory

CLIPIR CASE PROFILE FORM 6/1/76 CASE NUMBER_____

PROFILE DESCRIPTION O.S.I. RICHARD PAGE____OF____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	HYPOTHESIS
Physical/ Health Background	8 yrs. old, 3rd grade. Vision-Normal Hearing-Normal Health-Normal		
Classroom Information	Counselor-no referrals Social Worker-no referrals Reading Teacher-no referrals		Problem not due to physical or emotional difficulties.
Dolch Words	Primer List: 83% correct First Grade List: 61% correct	an for and, first for find, there for three, new for now	Insufficient fine discrimination on sight words.

Figure 5. CLIPIR Case Profile Form

set for the clinician--an introduction to the case; and (3) explain boundary conditions within which the clinician was required to operate.

The standard procedure for administering the case called for an experimenter, a clinician, a coder/observer, and a simulated case. The experimenter and clinician faced one another across a table, with the case accessible only to the experimenter. The coder/observer was a non-participant responsible for collecting the clinician's responses (explained further in the section on Data Collection). The sessions were recorded on both video and audio tape (with the signed permission of the clinician). Reproduced below are the instructions provided the experimenter. (Statements in parentheses are addressed to the experimenter only.)

(COGNITIVE SET)

Let me explain the observational session. First I should again emphasize that all personal information regarding this session will be kept confidential. Your name will not be part of your record at IRT. Instead, a number will be used.

Second, I should emphasize that we are not evaluating you in any way. We are merely interested in understanding how you usually go about determining the most probably reading problems of a given client. We are as interested in your errors as in your successes--as long as both are representative of what you ordinarily do in the field.

Finally, let's consider what we shall actually do. The observation will be divided into three parts. In Part I, we shall present you with a simulated case of reading difficulty. The case consists of the test scores, audio reading records of test sessions,

school records, etc., for an actual case taken from the reading division in the College of Education at MSU. You are requested to attempt to diagnose this case in much the same manner you would use in diagnosing a real case. Assume that you are working with the child in a one-to-one setting. Think aloud--verbalize your analysis of this case. Stop whenever this interferes with your work. During Part I, a video tape record will be made as you examine the case. We will not permanently retain this tape unless you give us permission on the written form.

In Part II, we shall jointly view the video tape while you attempt to recall what you were thinking about as you attempted the diagnosis. I shall record your recall with notes and an audio tape recorder. Again, this tape will be retained only long enough to record data, unless you give permission for other uses.

In Part III, I shall ask you to review our procedures and make suggestions on ways in which our simulation could be made more effective. We are especially interested in any information which should be added to our case, such as additional tests.

Do you have any questions so far?

(Record questions and answer honestly)

(EXPERIMENTAL INSTRUCTIONS)

Let's get started. I have a set of materials comprising our particular case. Your task is to request information about this case and to use this information to determine the most likely diagnosis and to suggest a general program of remediation. (Hand CS the "CASE INFORMATION INVENTORY")

This document indicates the information available in our case...

Please note that the numbers in the boxes are not grade levels; they are code numbers for locating requested materials.

You may request information by referring to the Inventory. For example, by asking for 4-14, you would get the annotated test booklet for the Durrell Listening Comprehension subtest. An asterisk in the box means that the information is not available. Take a few moments to study this inventory before we proceed. (Pause 60 seconds)

There is no right or wrong amount of information to request for your diagnosis. Use the same procedure you usually employ when diagnosing a case. When you request a FORM OF INFORMATION, I will give it to you. You may keep all items requested throughout the session. Do you have any questions?

(Record questions, answer as directly as possible)

At this point, the diagnosis of the case began. Clinician's requested information they wanted from the inventory. To make it possible for the coder to record the sequence of requests, all items had to be asked for by code number and name. The experimenter did not participate in any way other than to provide the requested information or to clarify procedural questions. No time limit was placed on the clinician; the case was considered completed when the clinician suggested a general plan of remediation. We found that the clinicians all took notes as they analyzed the data. Most took from 45 minutes to an hour to complete their evaluations. They usually needed to be reminded to think aloud.

The final step in the session was the debriefing, during which the clinician and the experimenter jointly reviewed the videotape. The clinician verified the sequence of requests and reconstructed his/her reasons for wanting to see a particular item. The coder continued to

record the responses.

(DEBRIEFING INSTRUCTIONS)

1. Put tape of session into playback machine; put new tape into recording machine so debriefing session can be recorded on new tape.

2. Begin to play back tape of session. Stop tape whenever a new piece of information is requested. Ask the following questions:

   A. Why did you ask for this piece of information?

   B. What did it tell you?

   C. Did you have any hunches that were confirmed or ruled out?

(WRAP-UP QUESTIONS AT CLOSE OF DEBRIEFING)

1. Ask the clinician to again summarize the diagnosis.

2. Could you describe your training and experience?

3. Is the model you were following reflective of how you were trained, or is your procedure something you've developed independently?

Data Collection

Coding took place while the clinician was interacting with the case and during the debriefing session that followed.

During the interaction phase, the coder/observer recorded data into the CLIPIR Observational Coding Record (completed in duplicate). In addition, video and audiotapes were made to be used for stimulated recall during the debriefing session.

The observational coding record was divided into four columns, headed respectively: Time (hour-minutes); Cue Requested (number and name); Clinician's Comments (observations, hypotheses, etc.); and Coder/Observer Comments. The information logged under the four headings was

as follows:

1. Time: hour and minute at which the clinician requested a specific cue.

2. Cue Requested: Inventory number and name of cue requested.

3. Clinician's Comments: clinician's analysis of the cue being examined (analysis recorded verbatim).

4. Coder/Observer Comments: any questions the Coder/Observer may have had regarding the clinician's analysis or sequence of requests (recorded for use by the experimenter during the debriefing session).

(See Figure 6)

Data from the debriefing sessions were entered onto the CLIPIR Observational Debriefing Record (again, completed in duplicate). The coding sheet was divided into four columns: Cue Requested (number and name); Clinician's Hypotheses; Confirmed: (+), Disconfirmed: (-), and Neutral: (0); and Coder/Observer Comments.

During the debriefing phase, the clinician and experimenter replayed the videotape of the case interaction phase, with the experimenter referring to the observational coding sheet for a record of the sequence of cue requests and listed questions. The experimenter stopped the videotape at each cue request and asked the following questions:

1. Why did you ask for this piece of information, i.e., what hypotheses or hunches were you testing?

2. What did it tell you?

3. Did you have any hunches that were confirmed or ruled out, or was the information not relevant?

Responses to questions 1 and 2 were entered in the Clinician's Hypotheses column, responses to 3 in the Confirmed/Disconfirmed column. The coder/observer again listed any questions he/she may have had (see Figure 7).

At the conclusion of the debriefing session, the clinician was

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 Page 4

Coder/Observer 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.	Coder/Observer* Comments:
1424:30	3-11; 3-12; 3-14	This gives more evidence for what I think his problem is. His comprehension from listening is very good. His problem basically is the word attack problem, in terms of sight vocabulary, reversals, phonetic word attack skills.	
1430:30	5-1; 5-2	He knows most of the initial consonant blends which was consistent with the last results of the previous Durrell (Hearing Sounds). His problem comes in the second part of the word, with the middle and endings. Other findings have shown he has problems with the middle parts of words.	

* This category was never used in the pilot study and was subsequently dropped from the revised Observational Coding Record.

Figure 6. CLIPIR OBSERVATIONAL CODING RECORD: RICHARD

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 Page 2

Coder/Observer 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses	Confirmed: + Disconfirmed:- Neutral: 0	Coder/Observer Comments
4-2; 4-7	The first thing I do when I see a student is to give them a silent reading test to find out what their reading level is. Of particular interest was how much higher he scored when the test was read to him--a year and ½ in vocabulary and almost 2 years in comprehension. I had a small hunch about the problem here--that he could be doing much better. There is considered to be a correlation between vocabulary and intelligence.		
4-1; 4-6; 4-11; 4-4; 4-9	I had no hypothesis other than that his expectancy was probably higher than his achievement.		
9-1; 9-2; 9-3; 9-4; 9-5	I give an oral reading test at this point in a diagnosis and I thought that was what this was. I'm not familiar with it and didn't realize it was a word list.		

Figure 7. CLIPIR Observational Debriefing Record: Richard

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment

Experimenter | Richard | Date 10/8/76

Coder/Observer | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses	Confirmed: + Disconfirmed: - Neutral: 0	Coder/Observer* Comments
	It was useful, though. I saw reversals for the first time - was/saw, there/three, and very/every, which kept on re-occurring in many of the other tests where there were lists of words. That was the first clue on that.		

* This category was never used in the pilot study and was subsequently dropped from the revised Observational Debriefing Record.

Figure 7 Con't.

asked to summarize the diagnosis and general remediation plan.

The information obtained during the observational and debriefing periods provided a complete record of the strategies used by reading clinicians as they diagnose simulated cases of reading difficulty.

Data Analysis: Richard

Data analysis focused on the nature of the cue requests and their relationship to the diagnostician's hypotheses about the nature of the reading difficulties. Analysis followed a six-step procedure. Each step will be described below.

Step 1: Verbatim Transcriptions

Each subject's observational and debriefing sessions were transcribed verbatim from the audio recordings. Transcriptions were entered onto modified versions of the observational and debriefing record forms (see Figures 6 and 7).

The transcriptions, however, presented us with voluminous quantities of information, not all of which was relevant. To make the data manageable, we extracted, for each cue, those statements which addressed one or more of the following categories: (1) cue values, (2) tentative hypotheses generated from those values, and (3) comments related to the clinician's general diagnostic strategies, e.g., "I always look for a measure of potential." (see Figure 8).

Step 2: Organization of Data

To organize our information, we conducted a content analysis of relevant data and associated cues for each clinician for both the observational and debriefing sessions. "Cue," in this context, referred to an entire category, including scores, comments, booklets, and recordings.

Figure 8. Relevant Information: Debriefing Session: Richard

4-2; 4-7	...how much higher he scored when the test was read to him...
	I had a small hunch about the problem here--that he could be doing much better.
4-1;4-6; 4-11,4-4,4-9	Hypothesis expectancy was probably higher than his achievement.
9-1,9-2, 9-3,9-4, 9-5	I saw reversals for the first time--kept on re-occurring in many of the other tests where there were lists...first clue on that.

Since the hypotheses were generated within this more global framework, we decided to combine subcategories. Cue number and name (e.g., 1-17: Classroom Information) were grouped along a vertical axis; along a horizontal axis were two levels of cue acquisition and two levels of hypothesis generation, which accounted for all relevant information verbalized by each clinician (see Figure 9).

Levels of Cue Acquisition:

1. Comments on information presented by the cue, e.g., "Noted how much higher he scored when test read to him."

2. Algorithmic use of cue, e.g., "I always want to know what the mental ability is." "It's a procedure I always follow."

Levels of Hypothesis Generation:

1. Statements of case-specific working hypotheses based on cue acquisition, e.g., "Richard has a deficiency in word analysis skills."

2. Confirmation/rejection of working hypotheses based on additional cue acquisition, e.g., "This cue confirmed a sight word deficiency."

Analysis of the observational session also included the time of the cue request.

Figure 9. Content Analysis: Debriefing

Cue	Cue Acquisition 1 (Clinician's Comments)	Cue Acquisition 2 (Algorithmic Use of Cue)	Hypothesis Generation 1 (Working Hypotheses)	Hypothesis Generation 2 (Confirmation/ Rejection of Working Hypotheses)
2-1,2-2 2-3,2-4, 2-5		It's a procedure I follow.		
Dolch	Noted scores.		Deficiency here. That is always a good clue.	Confirming Slosson error patterns.

Step 3: Hypothesis Summary

In the next stage of the content analysis, we refined the hypothesis generation component by developing an hypothesis summary. The summary was designed to account for all hypotheses considered by each clinician at the different stages of clinical analysis: working hypotheses, confirmed hypotheses, and summary diagnosis. These were listed in the following manner:

1. Working hypotheses confirmed (Observational session)
2. Working hypotheses confirmed (Debriefing session)
3. Working hypotheses (Observational session)
4. Working hypotheses (Debriefing session)

The final step was to match hypotheses in the summary diagnosis with working and/or confirmed hypotheses in the analysis (see Figure 10).

Step 4: Cue-Hypothesis Matrix

The cue-hypothesis matrix was a graphic representation, for each clinician, of the relationship between cues requested and hypotheses generated (see Figure 11).

Figure 10. Hypothesis Summary

Working and Confirmed: Observational	Summary Diagnosis
Comprehension Good	(not included in diagnostic summary)
Word Attack problem	Word attack problem
Working and Confirmed: Debriefing	
Sight words	Sight Vocabulary problem
Working: Observational	
Better auditory learner than visual	Poor visual memory
Working: Debriefing	
Better auditory learner than visual	(not included in diagnostic summary)

The hypothesis summary and the cue-hypothesis matrix provided a schematic picture of the clinical strategy employed by each clinician. Of special interest were the variations across clinicians in the number of cues requested, number of hypotheses generated, and number of hypotheses generated from each cue.

The hypothesis summary also enabled us to check, for each clinician, the consistency of hypotheses generated across sessions, i.e., how many working hypotheses were confirmed and then repeated in the diagnostic summary.

Step 5: Master Matrix

The master matrix was a combined cue-hypothesis summary for all the clinicians. All hypotheses considered were included either as originally stated or in broader, inclusive terms, e.g., problems with visual discrimination included substituting words which were quite similar and trouble with small parts of words and small substitutions. There were 15

Figure 11. Cue Hypothesis Matrix - OSI-2

	Word attack problem	Sight word problem	Expectancy higher than achievement
Durrell Oral Reading	+		
Dolch Words		+	
Durrell Silent Reading	+		
Durrell Listening	+	+	
Gates McGinitie (Vocab./Comp.)			+
WISC			+
Gates McKillop	+		

final hypotheses. Listed along the vertical axis of the master matrix were only those cues used in the generation of a particular hypothesis.

One purpose of the matrix was to show the relative utility of each cue in generating hypotheses. For example, it showed that the Durrell Oral Reading subtest was used by the clinicians to formulate nine different hypotheses (e.g., word attack problem, expectancy higher than achievement, uses context clues), while the Peabody Individual Achievement Test was used to formulate only two hypotheses (using strong initial

consonants and problem with visual discrimination).

The matrix also showed the extent of inter-clinician agreement on hypotheses. Of the 15 final hypotheses, five were identified by at least 60% of the clinicians, four by 40% and six by only 20% (see Figure 12).

Figure 12. Master Matrix

	Sight word problem	Expectancy higher than achievement	Using strong initial consonants	Problem with visual discrimination
Durrell Oral Reading	5*	1		
Dolch Words	2,6 5		6	5,3
WISC		6,2	1	
Classroom Information		1		
Peabody Achievement			1	1

*Number refers to experimental subject

The five most agreed-upon hypotheses were:

1. Word attack problem
2. Word-for-word reader
3. Sight word problems
4. Expectancy higher than achievement
5. Problem with Visual Discrimination.

The five hypotheses addressed the major disabilities built into the case. The remaining 10 hypotheses dealt with the subsidiary strengths and weaknesses of Richard. All hypotheses, with one exception for one clinician, were either confirmed or dropped; none were disconfirmed.

Step 6: Statistical Analysis

The number of cues requested by each clinician ranged from 7 to 14, with an average of 9.2. The total number of categorical cues available was 24.

The time elapsed before clinicians generated their first working hypothesis ranged from 1 minute to 27 minutes, with a median time of 2 minutes. The clinician who requested the greatest number of cues also took the most time to generate the first hypothesis.

Observational sessions ranged in length from 21 minutes to 54 minutes, with a median of 34 minutes. Again, the clinician who requested the greatest number of cues took the most time.

The ratio of number of cues requested to number of confirmed hypotheses was, for each clinician, as follows:

Clinician	No. of cue requests	No. of confirmed hypotheses
1	7	3
2	14	6
3	7	5
5	8	4
6	10	4

Results show that the range in number of confirmed hypotheses (3-6) was more restricted than the range in number of cues requested (7-14).

In summary, the goal of the data analysis for the observational and debriefing sessions was to reduce the information in such a way that the relationships between cues requested and hypotheses generated could be determined. We found that, despite considerable variability in number of cues requested and amount of total elapsed time, clinicians ultimately correctly identified Richard's major difficultues.

Proposed Revisions

Changes in Case Preparation

In an attempt to further increase case fidelity, we will add non-relevant, or distractor, cues. Our objective in doing so will be to assess the effects of those cues along several dimensions:

1. total number of cues requested
2. total elapsed time
3. number of working hypotheses entertained
4. number of hypotheses confirmed

A second change in case preparation will involve modifications of the Case Information Inventory.

1. Test booklets used will be limited to one category: annotated test booklet. We found that for most tests the information in the two booklets was redundant. In all instances, the unannotated test booklet information duplicated the same information given by the test score.
2. Two new forms of information will be added: test directions and a tutorial tape/transcript (described below). Test directions will be added so clinicians can ask to see the information-gathering procedures followed.

3. The types of information offered will be changed from test descriptions (e.g., Dolch Word List) to task descriptions (e.g., Basic Sight Vocabulary, Dolch). This will be done to shift the emphasis from names of tests to categories of information.
4. Inventory items will be recoded in an alphanumeric system, (e.g., DOHL rather than 2-1). Future plans call for randomization of the inventory to control for any ordering effect, and an alphanumeric system lends itself much more readily to this procedure.

Changes in Experimental Procedure

We discovered that, in practice, the experimenters did not require the clinicians to limit their requests to one form of information at a time. To correct this problem our revised procedures will formalize the experimenter's control over the amount of information distributed.

We also learned that the debriefing format was too unstructured to elicit maximal recall of each cue requested during the observational session. Again, the revised procedures will correct this deficiency.

Finally, we will simplify both the observational and debriefing record forms. The Coder/Observer comments column will be deleted from both forms, and the Confirmed/Disconfirmed column will be deleted from the debriefing record; these categories were not used in any of the experimental sessions.

Changes in Clinician's Role

To obtain a clear, concise summary of the diagnoses and prescriptions, we will ask clinicians to write down after the observational sessions their analyses of the case and general methods of remediation. This procedure will replace our current practice of requesting oral summaries at the end of the debriefing sessions.

In addition, cue-hypothesis matrices will be sent to the clinicians

for review and correction of possible misinterpretations.

Future Directions

We are currently developing a computerized version of the simulated case, which will be used for training purposes for both preservice and inservice teachers and clinicians. Our goal is to develop a bank of cases that will enable students, teachers, and clinicians to practice diagnosis with many more cases than is possible in conventional reading courses and clinic experiences. A distinctive feature of this system will be the tutorial tape. For each test booklet presented in a case, the student will have the option of hearing a senior clinician explain the nature of the task and interpret the information.

References

Shulman, L.S., & Elstein, A.S. Studies of problem solving, judgment and decision making: Implications for educational research. In F.N. Kerlinger (Ed.), Review of research in education (Vol. 3). Itasca, Illinois: F.E. Peacock and Co., 1975.

Vinsonhaler, J.F., Wagner, C.C., & Elstein, A.S. The Inquiry Theory: An information-processing approach to problem-solving research and application (Res. Ser. No 1). East Lansing, Michigan: Institute for Research on Teaching, Michigan State University, 1977.

Verbatim Transcriptions:
(1) Observational Sessions
(2) Debriefing Sessions

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-1 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/11/76 of

Coder/Observer 6/30/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1510	1-2	Interested in checking out vision/hearing; language development.
1510:30	1-7	
1511	1-12	I was interested in position in family, educational status of parents. General background information.
1512	1-17	Noted earlier that there were some agressive tendencies verbally. I was wondering if these were always reading related, or related to reading area subjects...(inaudible)...I'm sorting out in my own mind that this is a reading problem, and not language or emotional problem.
1514	8-2;8-4;8-9	Interested in substitution of letters.
1516	8-12	In light of errors made on reading recognition...(inaudible)...
1516:?	8-14	No strong clues.
1518	10-1;10-2	Trouble with tasks requiring concentration...(inaudible)...

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CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-1 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/11/76 of

Coder/Observer 6/30/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1520	10-6;10-7	Digit span...
1521	10-11	I now have certain ideas about Richard's abilities. I don't know why I asked you for the PIAT first. In a normal situation I'd always ask for an intelligence test first.
		Now, it's time to go back and begin to look at achievement tests and specified tests.
1523:30	3-4	Used words correctly in context.
1526	3-9	
1526:30	3-14	That doesn't look too terribly out of the ordinary (3-9 or 3-14?) (Tape cuts off abruptly - resumes on flip side at 050)
1528	3-19	Reinforces the idea that...inaudible...
1528	9-4	No (audible) comment

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-1 | Experimental Conditions | Time of Experiment

Experimenter | Richard | Date 10/11/76 of

Coder/Observer | 6/30/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1530	5-4	I'm thinking here it's small parts of words and small substitutions. It's important to break down words and look at the very smallest part of the words. Is he able to blend sounds? He is substituting long vowel sounds for short ones...inaudible... I'm looking at the various tests for commonalities and there are a lot of them. Seems to be aware of initial consonants and blends ... inaudible...
1536	3-34	(Inaudible)
1536:30	3-24	Reinforces my thinking about letter order in words...
1538:30	3-29;3-27	(Inaudible)
1540:30	2-4	(Inaudible)
1544	7-5	I'm hearing the same kinds of things--though for through... (Tape cuts off abruptly at 410)

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-1 | Experimental Conditions | Time of Experiment _____ | Page 1

Experimenter _____ | Richard | Date 10/11/76 | of _____

Coder/Observer _____ | 6/30/76

Cue Requested: Number and Name	Clinician's Hypotheses
1-2;1-7;1-12	It said at first he was 8 years old and I thought it could be 8 years 1 month or 8 years 9 months. Another thing I had on my mind was his general attitude toward reading. Geographical also; the attitudes of the community. I would have liked to know if he had had Ginn 360 in first and second grade and what phonics program he had. [You had a hunch that instruction had influenced what he was doing now?] Yes. Where has he been? I also don't know if he's been in the same school all 3 years. Mobility.
1-17	I noted he had not been referred to anyone else -- Psychologist, speech therapist, etc. That added to my hunch that it was just a reading problem. He wasn't a kid who had all kinds of special problems.
1-12	I was looking at position in family. [I know you're intrigued with position in family in terms of ability.]
8-2- (Peabody as a whole)	Reading recognition gave me clue -- he was using strong initial consonants; substituting words that were quite similar.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-1 | Experimental Conditions | Time of Experiment _____ | Page 2

Experimenter _____ | Richard | Date 10/11/76 | of _____

Coder/Observer _____ | 6/30/76

Cue Requested: Number and Name	Clinician's Hypotheses
	My hunch was formed here -- if I had the child here I would have stopped and given him my own list.
WISC	I really would have done that first, normally. I had some hunches already about the verbal. It bothered me about the timing thing. That was a hint. My hunch was that you had to spend time actually showing him how to look at a word, not just the beginning. More confirmation.
Darnell	Wanted to see the errors he made in oral reading. They definitely confirmed... language. Then I wanted to see, after the WISC, about oral reading, silent reading and comprehension. I felt more secure after looking at that that he was an average (problem?) kid. [This looks like a typical problem you often see with a kid who is a little behind.] Yes. I thought this is a very typical case.
SORT	Purely to confirm.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-1 | Experimental Conditions | Time of Experiment _____ | Page 3

Experimenter _____ | Richard | Date 10/11/76 | of _____

Coder/Observer _____ | 6/30/76

Cue Requested: Number and Name	Clinician's Hypotheses
Gates McKillop	Because of the blending, I have a thing about kids being able to blend words. They are able to unlock them and look at them in parts and tell you the parts accurately and put them back together. I confirmed that he was weak in that area. [In visual attending] Yes.
3-34 Durrell Visual Memory	I knew he'd know the sounds of letters...inaudible.
Dolch	More confirming; very consistant.
Informal	That helped. He became real. I saw that the kid could read. [Why do you think the kid is operating the way he is?] The instruction he had. I feel the second semester of second grade is important for little boys. Often they aren't reading for reading in first grade. In second half of second grade must begin very carefully structured instruction. [You began initially after the blending instruction with the hypothesis that the underlying cause was instructional.] Yes.

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-2 Experimental Conditions Time of Experiment _____

Experimenter _____ Richard Date 10/8/76 of _____

Coder/Observer _____ 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1346	1-7	I noticed he passed the vision and hearing screening. Note teacher's comment that he tends to be aggressive verbally. The fact that he has no speech deficiency; no speech therapy.
1347	1-12	I'm noting the reading habits of the parents. They don't read extensively; the mother describes herself as someone who reads slowly.
1348:30	1-17	(No comment)
1349	4-2;4-7	This doesn't answer my question of how he would do on his own. These were read to him. I'll try 4-1 and 4-6.
1352	4-1;4-6; 4-11;4-4; 4-9	I was looking to see what he had done when he was read to compared to what he did on his own which gives me some indication of expectancy. What we might expect of him. The vocabulary test on this Gates MacGinitie serves almost the same purpose as the Gates McKillop oral vocabulary test which is given as a way of gauging expectancy, which in his case is 3.3.

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 of

Coder/Observer 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1356:30	10-1;10-2; 10-6;10-7; 10-11;10-12	I just noted the IQ score; the examiner's comments are that he performs slightly lower on tasks requiring concentration or were timed - he may need more time to process information. Verbal is 115; the high test was comprehension, and the low was arithmetic. One of the low subtests was a timed test.
1400	9-1;9-2 9-3;9-4; 9-5	I noted reversals - every/very, etc. I was looking for error patterns. (listened to tape) On the words he didn't know he made no attempt to sound them out. I noted examiner comments that he doesn't attempt some words and wouldn't even make a guess.
1406	2-5	I noted in this that he made remarkably consistent errors - was/saw/; saw/was/ b/p,p/b -- more so than any kid I've come into contact with.
1413:30	3-1;3-2;3-4	I note that he went back and corrected himself if the word didn't make sense in context. That shows that his comprehension is good.
1414:30	3-5	He reads word by word. He doesn't read in phrases. It's consistent with his reading of the word lists -- he only looks at the beginnings and endings of words, and doesn't look at the middle.
1423	3-6;3-7;3-9	I'm not noting anything in particular.

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 of

Coder/Observer 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1424:30	3-11;3-12; 3-14	This gives more evidence for what I think his problem is. His comprehension from listening is very good. His problem basically is the word attack problem, in terms of sight vocabulary, reversals, phonetic word attack skills.
1426	3-16;3-17; 3-19	I see more evidence of the same thing. He knew 18 out of 40 sight words, and he said he didn't know 8 times out of 9 how to analyze words. I'm confirming my hunch (in response to exam question 7 Are you confirming your hunch?)
1427:30	3-21;3-22; 3-24	Noting his grade score, the errors he made are consistent with his other types of errors.
1429	3-26;3-27; 3-29	This is more evidence confirming that he's probably a better auditory learner than he is a visual learner. He got 3.5 on hearing sounds.
1430	3-31;3-32; 3-34	He knows the sounds of these phonograms?
1430:30	5-1;5-2	He knows most of the initial consonant blends which was consistent with the last results of the previous Dur 11 (Hearing Sounds). His problem comes in the second part of the word, with the middle and endings. Other findings have shown he has problems with the middle parts of words.

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 of

Coder/Observer 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1433	5-5	(Experimenter did not find correct spot on tape.)
1435	6-4	The place he made his errors is in the long vowel sounds. Problem with the vowel digraphs. Consistent patterns in the reversals.
1437	7-2	We already know he reads word by word.
1438	8-1;8-2; 8-4	Normally I would have taken this information earlier. I noted his reading recognition score was 2.5
1439:30	8-6;8-7;8-9	Nothing here to comment on.
1440	8-11;8-12 8-14	His spelling score is grade 2.
1440:30	8-16;8-19	(No comment)
		Richard 's problem is in his word attack and word recognition skills. He has an inadequate sight vocabulary which is due, I think, to his poor visual memory and he lacks sufficient word attack skills, phonetic word attack skills, particularly in the vowel sounds, the long vowel sounds and the vowel teams in middle parts of words; and then he has some very consistent reversals, like was for saw and b for p. Those are his basic

Clinical Subject OSI-2 Experimental Conditions Time of Experiment

Experimenter Richard Date 10/8/76 of

Coder/Observer 7/14/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		problems. A more minor problem is his reading word for word. I think when some of these other problems get taken care of, that could be worked out. Richard has a higher reading expectancy than the level on which he's now reading, which is approx. the second grade; in some areas the first grade. His tests on the Gates McGinitie when read to him were high; His WISC score of 118; his listening comprehension score,grade 4. his general information test on the Peabody of 4.7.He has a good expectancy for reading. His remediation should involve: Improving and increasing his sight vocabulary so he knows all of the Dolch words. Since he has a poor visual memory perhaps an auditory approach, not totally of course, to build up his sight vocabulary. I'd play games with the Dolch word cards. A lot of drill; emphasizing saying them instead of relying just on the visual. Say them out loud as he's learning them. I would work on the word attack skills starting with the vowels short and long. I would work on the middle-word parts - the ones he missed, using a variety of materials. I'd work on reversals; have him write out the words emphasizing directionality, trying to get him to see some of the differences and similarities between words. Last of all use some kind of tachistoscope to get him to read phrases, even going through the Dolch phrase cards to begin with. I have high hopes for Richard.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ | Page 1

Experimenter _____ | Richard | Date 10/8/76 | of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
(When I gave you the initial info-)	I didn't get too much - it was just background.
1-7	I asked for it first because it was listed first on the sheet; but I do normally collect this information -- first to check hearing/vision, and then to see if a child has had a certain illness that might show up.
1-12	Normally I'd get this information from talking to the family or the teacher. I have a private theory that children who weren't held on their parents laps and read to, sometimes that's an explanation for why they don't develop a love of reading, or don't want to. If parents aren't really readers maybe they didn't read to the child. It's one clue I look for.
4-2;4-7	The first thing I do when I see a student is to give them a silent reading test to find out what their reading level is. Of particular interest was how much higher he scored when the test was read to him -- a year and ½ in vocabulary and almost 2 years in comprehension. I had a small hunch about the problem here -- that he could be doing much better. There is considered to be a correlation between vocabulary and intelligence.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ | Page 2

Experimenter _____ | Richard | Date 10/8/76 | of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
4-1;4-6;4-11; 4-4;4-9.	I had no hypothesis other than that his expectancy was probably higher than his achievement.
10-1;10-2; 10-6;10-7; 10-11;10-12.	I always want to know this information fairly early in the game -- what the mental ability is. It gave me some clues I didn't actually use. Lower scores when timed under pressure; inability to concentrate under pressure. Jotted it down, didn't actually have any bearing. All indication - score, performed very well on practical matters - were that he is a very bright child. Confirmed that we could expect a lot more from him. That was another important clue.
9-1;9-2; 9-3;9-4;9-5.	I give an oral reading test at this point in a diagnosis and I thought that was what this was. I'm not familiar with it and didn't realize it was a word list. It was useful, though. I saw reversals for the first time -- was/saw, there/three, and very/every, which kept on re-occurring in many of the other tests where there were lists of words. That was the first clue on that. I also noted that he didn't attack unfamiliar words. The annotated test booklet and audio tape were important. On this kind of test you have to see the kind of errors that are made. The test booklet itself was not necessary. The annotated is what's marked. I was still open at this point (as to hypotheses); once we got onto the Durrell I was (inaudible).

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CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ | Page 3

Experimenter _____ | Richard | Date 10/8/76 | of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
	I was checking for error patterns - almost automatic. When I remediate I'm always diagnosing. I'm tuned in to every kind of error. I'm always reassessing. [Are you following a predetermined pattern when you diagnose] Right. I always start with this sort of thing then go to the silent reading test, then oral reading test. From there, if it's an older child I go to the dolch words.
2-1;2-2; 2-3;2-4;2-5.	I asked for this because it's the procedure I would follow. The information was quite helpful. It told me he had mastered 83% of the primary list and 61% of the first grade list so there is a very definite deficiency there. That's always a good clue. The second thing that it showed was the error pattern. He had the same reversals for was/saw,b/p. He made errors in the middle of words. The three/there had also been on the Slosson Oral Reading Test. I noted the extreme consistency of the errors. At this point I began to have a hypothesis that his problem fell in the area of word recognition.
3-1;3-2;3-4.	This was further evidence. It is also where I'd go in my procedure. Right after I give a silent reading, which would have been the Gates MacGinitie then I go into an oral reading test which I thought I was getting on the Slosson. [We're going to stop the video tape. What is your impression of the V.T. as a help in debriefing?] I don't see the v.t. as being of any particular help. I'm answering the questions based on my notes rather than looking at the monitor. I prefer to have it turned off.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ | Page 4

Experimenter _____ | Richard | Date 10/8/76 | of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
3-5 3-6;3-7;3-9; 3-11;3-12; 3-14	The oral reading gave me a score - low second grade. His comprehension was good. I noticed he read one word at a time, he didn't phrase, he read very slowly. Then I got those specific errors the same types of errors I had seen. At this point I had a fairly good hypothesis of what his problem was, coupled then with the rest of these scores on the Durrell merely confirmed it. The fact that his silent reading score was below 1st grade; [his listening comprehension was graded 4-5.] I began to think that he was an auditory learner, that that was his best means of approach.
3-16;3-17; 3-19	Again the word recognition, score verified it. The fact that he only knew 18 out of 40 sight words, that he didn't know 8 out of 9 when he tried to analyze them.
3-21;3-22 3-24;3-26; 3-27;3-29	Then the visual memory score of 1.5, and the hearing sounds in words of 3.5
	This is an unusual case because of the extreme consistency. It's a perfect kind of case. It's real life but very clear cut. As I go along with my standard procedure I do develop hunches. Here it was fairly obvious. I used all the material to be thorough (but). At this point I had everything in my mind although I would have liked to have heard the Gates McKillop

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ Page 5

Experimenter _____ | Richard | Date 10/8/76 of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
	tape on blending. I had pretty well decided what was wrong but kept going because the information was there. I like to get achievement test restults pretty early, I must add.
5-1;5-2; 5-5	I wanted to know if he could blend when asked to do that since he didn't try to sound out any of the other words. I was trying to follow up a hypothesis.
6-4	This didn't give my anything. I asked for it because it was there.
7-2	I asked for it because it was there.
8-1;8-2; 8-4 etc.	I usually get this information towards the beginning. I asked for it later because it was at the bottom of the page.
	DIAGNOSIS Richard has a problem in the area of word recognition, specifically an insufficient sigh vocabulary and he does not have adequate word attack skills - barely any that were shown, and needs help specifically with vowel sounds in the middle parts of words.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-2 | Experimental Conditions | Time of Experiment _____ | Page 6

Experimenter _____ | Richard | Date 10/8/76 | of _____

Coder/Observer _____ | 7/14/76

Cue Requested: Number and Name	Clinician's Hypotheses
	He also has a problem with some reversals.

Comments

When you actually have the child in front of you, you can pick up other kinds of cues.

CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-3 Experimental Conditions Time of Experiment _____

Experimenter _____ Richard Date 10/15/76 of _____

Coder/Observer _____ 7/21/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations. hypotheses, etc.
1050	Initial Contact Cues	I want to ask a question. When was this thing made? Is this the end of 3rd grade? [This was made in November of 3rd grade.] The kid ought to look just like a beginning 3rd grader then. Another question - eight years old. Eight years, what? [You'll be able to get that information ~~George~~ by requesting it on here.] What was the name of the book. [Puppy Tales, I think.] If that kids normal, test data ought to look like a 3.2er or 3.3er. Does the kid look like a 3.2er on word calling? Give me some word calling information.
1053	9-4	Everything on there is what this kid is saying. 18,16,10. Reasonably fast fall off. I wonder why he didn't push beyond 10. It would have been interesting to know whether the kid would have anything on list 3 or list 4, anything at all. Eighteen words---went want there three house...typical misuse probably suggesting some kinds of confusions relative to some discrimination components of that thing.

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CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-3 | Experimental Conditions | Time of Experiment

Experimenter | Richard | Date 10/15/76 of

Coder/Observer | 7/21/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
75		What does n/a mean? [Didn't answer.] What you have there is a grade equivalent of 2.2 which puts this kid a year behind. You also have a score of 44 words called and you have 12 more that were called but missed, which suggests that the kid said I think I know all those words but I don't know them which suggests that the kid is probably saying, "I know those things at sight and that's it." There's no evidence of analysis behavior on there. Back here we've got n/a,n/a,n/a which are saying, if I look at that 2.2 grade equivalent and I say that thing might represent the number of words that kid has in memory as opposed to or in conjunction with the number of words that kid can figure because he knows technique for figuring, he knows why a word is a word, why it's spelled the way it is. It looks like you almost have 100% operating on sight. As far as any predictive scale on the part of the kid it looks almost zero. Initially, that has to be tested out, one time. We'll replicate it once. Right there you'd get the feeling that that probably is true. You've got a kid that said, "I know a word because I know a word but I don't know why I know a word. Any word I don't know I don't know what to say about it." We were talking about discrimination things and they're probably true, we still have to worry about that. We'll put a big old one back there and see if that's true by looking at it a second time. So far there are two pieces of information there that are reasonably good. The idea 48

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CLIPIR OBSERVATIONAL CODING RECORD 7-30-76

Clinical Subject OSI-3 | Experimental Conditions | Time of Experiment

Experimenter | Richard | Date 10/15/76 of

Coder/Observer | 7/21/76

Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		that the kid is not certain about the complexities of learning of rather complicated paired associate learning. He's not sure of how complex that discriminator can be. Which means we want to change that. We want to change his behavior. And we also have some idea that what he knows he knows. That he doesn't have any insight into how to predict words according to the code system, they're spelled in. Let's replicate.
1057	3-19	Boy, if you throw a curve here and it doesn't come out the way it's supposed to... [I'm in trouble.] First off, it's too bad we didn't look at the second level in addition to the first level. We can get the same sort of information from the first level but the problem is, when we give only first level, first grade words, we can run into the same sort of situation where he says I know all those words because those are words that are high frequency and therefore I've picked them up and we still don't have a chance to make sure what happens in terms of I don't know that word, let me predict it. So it would be nice to see 6 or 8 selected words out of that second level. List one. Now what did he do? He got 18 right. Hey now this is crazy. He got 18 right at sight and then "In an analysis situation" he picked up another 9 more. Now we just decided that there wasn't any analysis skill back there. Because on the Slosson, the evidence says 0 analytic

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		behavior. We really have to decide whether the kid knows what he is doing, in some fashion or other. There's a number of ways of deciding it. One way is to go back and look at these things and say ...all right the ones...for example, he looked at tree and said three and then looked at it again and got it right and that goes into an analysis category. I can handle that by saying that was not analyzed. What we have is what I originally assumed back there, as insufficient discrimination. The kid's been doing it for three years. So he's got a bunch of associations to certain combinations of letters. He's got three associations to tree. He'll pull out one and say it's three and if you give him a chance and say no look at it again, he'll pull out another one and say no, it must be tree. If you'd done it a second time he'd say no, it's there. That probably goes back to saying you know when I started in I really wasn't led from the fact that you can use kind of massive cues when you start learning to read, first word in the book is look. All I have to do is look at the "l" til you come to another "l" word, then you have to learn something else. He didn't realize how fine the discrimination has to get in order to tell some of those things. So there he is with a bunch of competing responses for an undifferentiated stimulus. That seems like a reasonable assumption. I don't like the fact that he got 9 words over there but I'm simply going to say that those 9 words were not analyzed. I'm going to assume right now that every one of those OK's was not an analysis type of situation, it was simply one of those competing responses. If you went back through them and gave him the same list of words again, you'd find that he'd probably miss them. He may come out with the same 18 and 27, but it would be a different set of

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		words. So I'm not going to change my mind yet.
1100	3-4	I don't want to listen to him yet. Has that transcription been made, aren't there marks on the paper? Yes. We start at the first level stuff. (He read it.) I got everything right. There's nothing there that says I have changed my mind about what's going on back in the first two tests. Rate - reasonably high. There are five errors listed here but I don't know if they're all errors. OK. Contraction - I don't say does not, I say doesn't. Next one: still rate stays up. Second level paragraph. Five errors. Again, I don't believe there are really five errors there. Contextually everything is making sense, except for the was and saw situation, which he didn't correct. This is too bad. Again, was he listening, yes. Rate now goes to pot. He's out of water at the 3rd level stuff. I don't know how valid it is to even worry about that 3rd level thing. There's good contextual prediction and yet the contextual prediction is ignoring what few signals come through punctuation. That bothers me even though the thing reads like language, reads good. Not only untimed but look at all the words that are being given to that kid - he's run better than a word a sentence. He's getting 12% of the words given to him. I'm not going to count it - doesn't mean anything. Shoot, what's going on. Well, he knows what reading's supposed to be. It's supposed to be a message situation.

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		He's got that much sense in him. He's still bumping along word by word. I'd better start summarizing that or I'll get lost. That's kind of strange too everything is chopped and yet contextually his predictions are coming out good. He knows what kind of signals he's supposed to be getting off that thing. We've still got a good idea that given a word that is not contextually predictable, the kid doesn't know what to do with it. So we've still got that business of saying, "I don't know how to use those tools of analysis that supposedly I should have been taught by the time I'm in third grade." Can I think a minute? [Sure]
1104	5-4	He calls it spack, correct. He calls it swick correct. He got 6 of those right is that right?" He got 6 right as recognizable. Then he went through and said "Now let me make sounds and this means that he got 19 initial consonants correctly identified and out of 23 that's darn good. He got 15 vowels - that's a lot better than he should have. Put them all together and he has 22 right. If he got 22 right how come nothing happened on "under" - should have gotten it. Same with "across". They're short. Should have gotten those. Back here on the Slosson he was not told to figure. He was told to read words. Here he was led step by step to make those little pieces of behavior which suggests that he can do this thing if directed. Maybe he has a bunch of sub-skills but doesn't use them because no one tells him he supposed to. Let's take a look at some sub-skills.

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1107	3-29;3-34	He knows all the business on consonants. No errors on hearing sounds. He knows how it works. Let's look at goals of reading. First how many words can he say compared to other kids? He's deficient a year. He's deficient by 1/3 over what we would predict. Can he predict isolated words. No, that is, based on spelling. Do I have isolated skills? Yes. What are those skills. I know how consonants work. I know how vowels work. I better worry about long words. When a word gets by I don't know what to do with it. Do I contextually operate? Sure. There are still some Dolch words, functor signals, that are not known. Comprehension. Kid understands what's coming off. I don't care to look at the I.Q. score but it's somewhere above 110. 125 maybe even. He's got a good head.
1110	1-17	I want to know if this kid reads. That stuff on the interview tape about having a favorite book could be a bunch of baloney. This doesn't tell me. Teachers taught this kid a lot of sub-skills. There is still some discrimination insight that he doesn't have. It's minimal. He has lots of word prediction skills but they're all isolated. He doesn't use them on his own, only when directed. He has lots of sense of what's supposed to happen when you read. He doesn't practice reading. The teachers can teach him all that stuff but it doesn't become operational to him. I can infer certain things. The parents don't read. They value it but don't model it. I'll bet that kid can't read out of that favorite book of his. If he was doing a lot of reading some of this stuff would take care of itself.

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		My guess is that the Dolch list is going to be a problem. It's a problem in the contextual situation and discrimination problems showing up in other areas. It's going to show up there. The contextual act doesn't override it because the context doesn't give a lot of those words.
1114	2-4	That didn't change my mind on anything.
		I'm done. 1) He's been taught how to read. The discrimination component still bothers me. You give him words that share too many common letters and he's going to have too many common responses to them. Got to work on that. I believe the kid reads only in reading session. He gives evidence of being smart enough so that if he were actually reading this would not exist. With regard to the prediction act I don't believe he predicts words from their spelling. He does know both consonant and vowel situations but he doesn't do it. Have to create some kind of application situation for him. Let's learn to guess. He doesn't dare to guess in spite of the fact he's been filled with all kinds of sub-tasks. He could handle 22 vowel tasks. Every time he says "I don't know" we'll find 2 qualities: (1) It's Dolch words that he doesn't know and that contextually aren't predictable and (2) A kid who just says "I don't know."

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		As far as remediation I'm not going to say the classroom teacher can do it. These are not in order of priority. I'm not going to treat him as if he were sick. He has a lot of things going for him. One thing I'd say to him: There are a bunch of look-alike words in English - you've got to learn them - you'll run into them all the time. If he'll agree to that, can I make the discriminators appropriate - get him to see what's there. Let's examine the words you missed, like big/pig, in pairs. Which makes big, which pig? etc. It's possible it's never been pointed out. If it's more resistant than that - how many of these can you learn in a week? Maybe he'll use his fingers. How do they feel. Maybe in a week the insight will be created as to how carefully you have to look in order to make a memory, to see what the discrimination component is. Second thing that's minimal -- create an orientation for guessing, for prediction. Every day he gets a challenge - I'm going to fool you. I'll give you words you've never seen, you've got to bust them up and say what they are. You already know all kinds of pieces. If he resists I'll have to initially break them up into parts so he can see where the predictable parts exist. I show him the same thing he was doing with the McKillop. If I have to split them visually for a while, I will. I'm going to parallel that with contextual situations. A lot of words in the Durrell can't be predicted from context. Maybe taking care of this will take care of that. The kid has everything in his head but the discrimination act. So, I'll sit there and read with him. You read with me - listen to what's being said. Let's get those intonations right. Let's follow those periods.

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		I'll do it in the context of reading, 5-10 minutes a day. These last 3 steps are all teacher-kid oriented. Now I'll work on it from a position of affect. He knows he doesn't look good when he's reading. It's going to be harder to get him to be a reader than doing the first 3 things I suggested. Start out with an incentive system. Right now looks at a page and says "that's too hard for me." I'll prove it -- that Gates score of 1.6. It's not a supported task - he's on his own. Quits. Have to support him to get him to read. I'll bring in stuff at 1-2 grade level and tell him he has to read a page today to himself and then to me. Then you're going to read that 3 more times. We're going to practice the reading on that page the way you practice the scales on the piano. We have to involve someone who will listen to him read and mark on a card that you've read to someone. We'll start with 1 paragraph and in a month's time build it to 10. I'd make a reader out of him, too.

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Cue Requested: Number and Name	Clinician's Hypotheses
Initial Contact	I want to know what I'm shooting for. There is a big year's difference there. I asked for the name of the book because I'm not familiar with children's literature and I wanted to know if I'd heard of it. Remember later I asked if it was a heavy book and it turned out to be light stuff.
9-4	You get a lot of information out of that thing. I want to find out how many words this kid knows - it separates good readers from bad. That's a good test. You get a number that's reasonably accurate reasonably fast. Look for base behavior. I'll get information at first from any source that says "Do you know words"... I made a good initial judgement - I don't know what to do with words unless they are already in memory. Relatively common situation. Turned out not to be true. Turns out the kid has all the techniques he needed to know all those words. Isolated teaching and applied teaching turned out to be different.
3-19	That really threw me. We got guessing behavior when he got the chance to go back over the words. But he was just pulling out another response after he knew the first one was wrong. He really didn't learn what he was supposed to be looking at. [When you approach a problem do you have a model in your head]

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Cue Requested: Number and Name	Clinician's Hypotheses
	I'm going to define goals of reading instruction and see where that kid is in terms of those goals. Within those goals I'm going to define tasks a kid has to know before he reaches those goals. I'm going to go back and look at pieces, which is what I did here. I looked at those goals: Are you learning words? I looked at the 2 systems he used for learning words. Then, are you reading as a reader? Can you call words when they're in messages? There are links here - the idea of prediction isn't good. There were some hints about how he looks at words in a nonsense situation and he does all right so I have to readjust everything. If I had started with the Durrell Flash Analysis instead of the Slosson Isolated Word Reading and I got the 9 words that were analyzed, I'd have problems. I'd have to have a tape to decide if that was really analytical behavior. If he says tree, then changes it to three without any hint that he used the spelling system, I'd come to the same conclusion.

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Clinical Subject OSI-5 Experimental Conditions Time of Experiment

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
1352	1-2	No comments made
1352:30	1-7	No comments made
1353	1-12	Mother says she reads slowly
1355	4-11;4-1;4-6; 4-3;4-8	(Some confusion about inventory) Do you want me to talk out loud? [Yes] First I looked to see when he started school. To rule out vision/hearing problems I looked at the health background. I then looked at his family's background to see if possibly there were contributing factors at home - split family; position in family; if his parents valued reading. He comes from a family that even though they had some college they're not readers. I got no indication from family/home background.
	4-7	Now I'm looking at the Gates test to find out what kind of errors he made. Not looking carefully at the end of the word - (mask). Problems possibly with visual discrimination or maybe he makes hasty decisions - looking only at the beginning part of a word. Grocery for grocer. He didn't know what shore was. We usually say beach. He's trying to match words - it's not falling together for him.

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		He has some problems possibly with direction--confusing height and weight.
1407	3-5;3-4	Good use of context. I need to know about his Dolch words.
1413	2-1;2-3;2-2	The types of errors he's making look quite typical of errors that end-of-first second grade students make -- ignoring ends of words, vowels, only looking at configuration. He's deficient in sight words which is tripping him up on the oral reading. He's making some major substitutions - chicken for kitten. OK - uses good context; deficient in Dolch; seems to know letter sounds. Might possibly be having trouble remembering -- could stem from his difficulty with Dolch words.
1417	3-24;3-22	He is having trouble with visual memory. He's also still not certain where he's supposed to be looking initially.
1420	3-11	No audible comment
1421	5-4	No comment

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.	Coder/Observer Comments:
1423	3-19	Whatever was supposed to happen to him didn't happen. Confused about what you do in reading. He's looking at the initial part of the word and making some judgements from the initial part of the word. In some cases he's confused about where to look in a word. He's looking at the ends and thinks he's looking at the beginning. Has little bit of reversal problem. Has a problem with visual memory. This child is ready for school, age-wise. Probably doesn't come to school really wanting to learn to read. He doesn't come from a home where people love reading. Maybe he doesn't value reading. Doesn't look like a child for whom reading is number 1. He likes more active kinds of things. His aggressive behavior is with reading. Reading is a sit-down activity. Everything else is normal. He has the ability & can understand language at a much higher level according to his listening test so he has the capacity to read & understand beyond his chronological age.	

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Experimenter | Richard | Date 10/13/76 of

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		He is exhibiting the kind of behavior that you find very often when students initially begin to read because they are confused about what it is they do when they read. He knows that he has to look at something and get some sort of a word out of it and someone told him to look at the beginning of the word and that's where he most consistently looks. He is deficient in his visual memory and needs to have some sort of activity that would help him rely on his visual memory. He doesn't rely on it -- he asks to have the visual image repeated. He needs confidence built to believe what he sees, and to hang on to it. That would probably help with his Dolch words. He needs help with his sight words. He needs to have someone cue him to look at the entire word - to pay attention to the ends of words. He seems to be understanding what he's reading. The substitutions for the most part made sense. So he is relying on context to arrive at words. He doesn't need any help there. He needs mostly work with visual memory, cueing him where to look at the word. He's having some difficulty finding the right part to look at. [What names would you give the various things you're talking about?] Clinician confused. [You know - if you said he can't make inferences - give me that kind of name.] Silence

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		[You see what I mean? Like you said he didn't have Dolch words.] OK. Deficient in sight vocabulary because he has a deficiency in visual memory. Also his visual memory might be causing his not looking at the entire word. He relies too heavily on configuration. [Would you call that word analysis strategy, or words to that effect?] Uh -- [Or maybe lack of word analysis strategy?] No [You wouldn't call it that?] No [What I'm trying to get you to say is do you think that's a deficiency? His word analysis strategy -- is he deficient in that area of ability to analyze words.] He's possibly deficient or he's unaware that he's supposed to do that. His word analysis skills are not consistent. [So you think those are the 3 major areas: sight vocabulary, visual memory and either lack of knowledge of or inconsistent application of whatever word analysis skills he does have.]

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		He does have word analysis skills and he employs them but not consistently. [What do you think he's strong in?] His strengths are: he uses context; he knows consonants and the sounds of the letters and employs it sometimes but not consistently. His comprehension seems to be fine. I made some assumptions based on his family that his oral language would be O.K. [What kind of program would you envision?] The very first thing he needs is to see some reason to read -- he dislikes it and sees it of little value. Look at his interests to give him motivation for reading. I would possibly then build a language experience program for him where he could begin to work on words that were potent and important to him. [What would you expect it to do for him?] By using words that were important to him I'd possibly build confidence that he could rely on his visual memory, because he wants to. Then I'd show him what parts of the word to look at and possibly transferring that to other words -- that he must look at the entire word. Possibly highlighting ends of words for him in the language experience stories. [What types of materials might be useful?] I'd look for Checkerboard Books - The Checkered Flag Series. I'd look for games that were more active - he seems to be aggressive. I'd

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Time: Hour-minutes	Cue Requested: Number and Name	Clinician's Comments: Observations, hypotheses, etc.
		develop ways for him to interact socially with his peers. Building on his interests. Helping him to apply his word analysis skills through highlighting, just making him aware, maybe. What happens to other kids when they learn to synthesize didn't go together for him. He does have the skills, I think. He's just inconsistent. I almost feel if he had a reason to apply the skills, he would, maybe with a little help. At his stage of development, no one is going to help him. He does need remediation in skill development. [Would you try to get parents involved?] [Do you think this could be handled in the classroom?] I don't think it could be handled in the classroom unless it was an exceptional teacher. He's well past any kind of help from a 3rd grade classroom.

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Cue Requested: Number and Name	Clinician's Hypotheses
1-2	I didn't know what it was. I wanted to know what school he went to. I didn't exactly know what would be contained in that. I was looking for things like left-handed or right-handed; interests, possibly; experiences. I was looking for Richard. What did he like, dislike, I wanted to know more about him as a person. It just told me what school he went to and where he lived. What kind of school he went to, teachers' expectations because of the school, where he lived, his peers.
1-7	I was looking to see if he had vision/hearing problems, any physical handicaps, any abnormalities, if he saw a psychiatrist -- anything that might be causing him to have reading problems, -- low self concept, missed a lot of school. It told me he was a normal healthy child.
1-12	I wanted to know position in family -- if he was a first kid, and he was. Can tell you something about expectations of parents, something about language development. I wanted to know ages of the other children but it didn't tell. (Monitor has been turned off -- clinician says she remembers everything and doesn't need it.) Told me his mother had more education than his father which could possibly cause problems for the kid. It might be why they play down academic endeavors; might have been reversed. She (mother) might be more concerned about father's ego than the child's development.

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Cue Requested: Number and Name	Clinician's Hypotheses
	Told me reading wasn't a priority. Mother said she was a slow reader. All could contribute to why the kid hates reading. The tape cued me in that he hated reading. Why does he hate reading? I wondered if I could get information from home/family background. He might have been a 3rd kid and the first one was a genius. [There would have been different expectations.] Yes.
4-11;4-1;4-6	I didn't want those. I wanted to look at the tests to see what errors he made.
4-3;4-8	I wanted to know the instructional level which was 1.8, 1.6. I wanted to know what kinds of errors he made. [Where do you place that information?] Where do I place that information? [Well, what is it relevant to, where does it fit.] I don't know what you're talking about. I feel that you have a grid and you want me to punch into that grid. [On the basis of what you had already asked for so far, prior to this, have you any hunches about potential types of problems.]

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	Sure. He didn't give a shit about reading. He sees no need for reading. Now I want to find out if it's because he's deficient in the skill itself -- is that inhibiting him? Some kids don't like to read because they can't. The Gates told me he measures below his grade level in both vocabulary and comprehension. It didn't confirm any hypothesis. I still wasn't sure.
3-5;3-4	I wanted to find out more about his word analysis skills, something about his experience with language; what kind of strategies he used. [Where did that information fit?] Where did it fit? [Like we talked about before.] Don't try to use transfer with me. I'm still hunting skills, or competencies. I found some strengths, and weaknesses. My hunches about his strengths are that he uses context clues, he knows how to analyze words. The weakness -- my first clue -- the deficiency in sight words. I suspected deficiency. He stumbled on "the".

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Cue Requested: Number and Name	Clinician's Hypotheses
2-1;2-3;2-2	I wanted to know how deficient. I was looking for what he called the words. I didn't find that. [You didn't ask for 2-4, the annotated booklet.] Yes I did. [No, you didn't get 2-4 or 2-5, which is him reading the Dolch words.] That was my error then. It did tell me he was deficient. I wouldn't have had to go to the Durrell, I confirmed that he was deficient in sight words. [Now you're going to keep on searching for the other two -- the use of context and the ability to analyze words. You're not going to give up on those, right?] Uh-uh.
3-24;3-22	I wanted to see (after Dolch) if he wasn't relying on visual memory. Most problems below 9 year's old are visual problems. He's below 9 years old. He relied heavily on configuration. My hunch was confirmed.
3-11	How well did he do with understanding language. I made assumptions about capacity -- I hadn't checked capacity. He had the capacity to read and comprehend language beyond chronological age, so he would benefit from remedial help. I always suspected based on the oral reading test, that he could. Confirmed capacity and ability with language.

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Cue Requested: Number and Name	Clinician's Hypotheses
5-4	I wanted confirmation of where he looked at a word. I wanted to know how well he understood syllable units. He was confused with certain units. He was not as inconsistent as he had been. I got nothing out of that test. (Clinician had misunderstood the way the test was administered. Experimenter explained how test works, then said...) [The results then are not inconsistent with what you found. You said the same thing. He can't do it by himself.]
3-19	I asked for this because I didn't know the Dolch was available. I was suspicious that he was looking only at the beginning parts of words. It told me yes. [So you used it to confirm what the Gates McKillop didn't tell you.] Uh huh. And he displayed static reversal in the oral reading was/saw. [Did the information you got from the Durrell word recognition confirm what you thought about his static reversal?] No. It's a classic reversal but he should have grown out of it. But that fits with everything else he's doing.
119	Diagnosis Application of word analysis skills. Inconsistency with beginning laterality -- inconsistent with where he looked at words. Insufficiency in sight words and not 120

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	relying on visual memory. [Do you normally include in a diagnosis the business about the affect or motivation?] That's number one.
	[You didn't use the video tape to stimulate. I don't want to put words in your mouth do you feel it's not necessary?] It's necessary for 2 things. It confirms my need to have this chill removed and -- taken off. (Joke, I guess). [But it doesn't help the experimental procedure?] No The information inventory was well done but I was nervous. It was hard for me to concentrate, I was suffering from a lot of anxiety and initially I don't even know why I was asking for what I was asking. I wasn't even focusing on Richard. I became more comfortable after I saw what was on the sheets. I didn't know what I was going to find. It would have helped me to have seen examples of the way the information looked ahead of time.

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1035	1-7	If there is a health difficulty I feel that this will frequently interfere with his ability to read. Generally, if he's missed a great deal of school, I'd want to know that anyway because this will cause problems early. Generally, I will check and see the patterns of times missed or the period of years. If there's an extensive amount of school missed in the 3rd and 4th grades, it's good to know that. It frequently makes a difference in the progress in reading. Also, I notice that there is no speech difficulty. His oral language seems good, I know that too. The fact that he is quite verbal is good to know because if he has normal language development then I can start using the language that he already knows to build on his reading.
1037	1-17	From this information, I again found out that he hasn't had any extensive number of time missed in school. And, although, his behavior indicates that he is not cooperative in reading, he has a cooperative attitude in other areas in school. I feel that, very probably, if he's having difficulty in reading, this is his reason for misbehaving during the reading sessions. It's also indicated here that they're using the Ginn 360 which is primarily phonics based and there's a strong possibility that this isn't working for him. It's obvious it's not working for him if he's not learning and if he's behind in reading at this time. Everything else on this appears to be quite normal.

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		At this point, if I had to take the kid on a daily basis, I'd get him out of the basal reading and try something different. I don't know yet, what. At this point, I wouldn't have him in a basal.
1039.30	2-1,2-2,2-4	I think the value of word lists such as this is to find out how much sight word recognition he has and if he has enough sight word recognition so you can build from there. The disadvantage is that he doesn't have any context to use so it's difficult to tell whether he could actually read the word in context. Notice on the test that his sight word recognition is pretty fair, through primer. But, in the first grade, he's falling short. And so, on the basis of the Dolch word list, one of the strategies I'd use is, I'd use this to build sight word recognition. These types of words don't lend themselves to sounding out or phonetic approach. I really feel good sight word recognition is needed for a lot of other things. It's one of the things I'd do right away. I think it's interesting that he is substituting there for three. This is a very common type of a thing for a child to do, out of context. It's essential that this type of error be noted with that in mind. You can't judge like that, that the kid can't read. I would probably, very likely if I were running through a list of words make several errors myself, because most of the substitutions are close. I wouldn't be too concerned about them. What I am concerned about is . . . inaudible. 73 [I'm not trying to influence you but you don't have to go down the list; in any order you would normally collect them.]

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1043	4-1,4-6,4-11	[CS is for 2nd and 3rd, C is for 3rd.] He's a 3rd grader? [Yes.] OK. This is a survey test indicating that his comprehension and vocabulary are almost better than a year below grade level. Actually, better than a year below grade level. I used the Gates and found that it was a conservative test and particularly these two areas, I'm not so concerned with speed and accuracy especially with a child as young as he is. But the comprehension and vocab areas indicate a weakness in both, particularly comprehension, is where I'd pay closer attention. That's nearly two grades below. Is this an IRI? Informal reading inventory? Individual reading analysis? [This is what it is.] He handed her the IRA.
1046	6-4	Did he take this whole test? I believe so Want to know why I skipped those first pages? If he's been using Ginn chances are he knows the names of the letters and chances are he knows the sounds of each individual vowel. And I really fell that's less valuable information, so I'm not looking for that.

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		I really feel that in reading, reversals aren't that important either. Digraphs I'm not concerned about right now. To really find out whether or not he can read using sight-sound symbol relationship, I think the nonsense word test is good. So that's why I turned directly to this. That's page 10. Here, he did not do any of those correctly. I thought this was nonsense words. Oh, most of them are. [Well, I think they're sort of compound words. Some of them are nonsense . . .] OK. (inaudible) Back here he was doing quite well with sound symbol relationships, but when it came to putting that into language he wasn't able to do it. So, he's not making the transfer. Here again on page 13, he can't use phonics and he was unable to read out of context the words that do not require any phonetics. I turn now to using context, to see what he can do with that. This test I use quite a bit because not only is it showing him how they can interact with print, but it's also dealing with comprehension. [By this test, do you mean the cloze format?]

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		Yes. (inaudible) I don't understand what the test is doing here. Many words pronounced, test probably not valid. Oh, the examiner pronounced the words for him. OK. Here again, he's got a limited sight vocab and I really think if you're going to use a cloze, it should be a longer sample, and pronounciation should not occur. That, if you're up to really adequately seeing if the youngster can use cloze, it shouldn't be a 2 or 3 sentence example, much longer.
1051	10-1,10-6 10-11	His IQ is indicating that he is high average. So you can't figure that it's a loaded IQ that is the reason for his difficulty.
1052	3-1,3-6,3-2 3-7,3-4,3-9	. . .when it was oral reading he was able to score comprehension below a second grade level. With silent reading, the score was not obtainable. Apparently oral reading to him must be reading, because with silent reading he is not comprehending it. It is very possible that in his first couple of years that the only reading he did was oral reading. And so, at this point without even knowing the child, I'd probably build some strategies around silent reading. In the oral reading, the substitutions based on context are good. He's actually interacting with the print if he's able to come up with, "She doesn't like to get water on her," for "She doesn't like to get wet." He was actually comprehending there so I wouldn't really be concerned about that. Chicken for kitten is a very poor error. At that point he was not using print to get meaning, because chicken doesn't even closely resemble kitten.

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		Now, if he were substituting boat for canoe, I would say that was a good error because he was comprehending. But here, the comprehension had to be lacking. In the silent reading where he subvocalized and pointed fingers, this is something that would have to be worked out. Just as a second check on sight word recognition I'd like to see the Slosson test score.
1056	9-1	Grade low. The Slosson, I feel, tests high. Generally higher than sight word recognition tests. So I'd say his sight word recognition is probably two grades low judging from the first test that I looked at and also feeling that the Slosson tends to grade high. His sight word recognition definitely needs work.
1059	7-5	Whenever I listen to a child read, I'm looking for several things. I circled the "t"s in little, mitten. He is depending a great deal on the written symbol. That indicates to me that reading is one thing, language is something else. Lit-tle we don't say that, we say little and if he were reading this and interacting with the print and actually getting meaning from the print, then he wouldn't be so concerned with that symbol on the printed page, making sure he's pronouncing it. Generally, when I'm listening to someone read, I note whether he corrected his error or did not correct his error. Sometimes, if he is correcting his

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error, it indicates that the sentence didn't make sense to him so he'd better go back and find out why. So, a corrected error is good. Here, he was getting the word saw for was, which is not uncommon for young readers to read saw for was. But saw never fits where was fits. Never, I've never seen a sentence constructed where saw would fit. If the child was actually reading that and reading it for meaning, he'll realize that he misread that. This only appears twice so I don't know if he'll go back and fix that, very often. Because one time out of two he did correct it. And that's not really a long enough passage to know whether or not I have to show him that he has to go back and correct that type of error.

The first one, he got to the word getting. He saw getting doesn't make any sense so he did go back and correct, which is a good error. He did not correct for through, but with the previous testing that probably was a very foreign word to him. I noticed on the sight word test, he couldn't pronounce anything that involved the ough or igh. So his not attempting to go back and correct that did not surprise me.

If he were using the print, he'd have been able to come up with through, if through was part of his vocabulary, and it should be. But it wasn't.

The second was here, oh, this is a good error. The north wind was cold. He shifted tense. He wasn't depending solely on print. He was rather relaxed with the sentence, I think, because he obviously didn't see was. But was made sense to him so he didn't go back and correct it. So that was a good error. That you see uncorrected. I'm not concerned about the fact, I'm kind of glad he didn't because at that point he wasn't depending almost solely on sight sound symbol, it was making sense to him.

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		I note that he eliminated almost all punctuation. So he's probably, for the most part, reading words. Here, the uncorrected saw, and surprisingly enough getting follows it again. At one point, at this point the sentence was making sense to him, the reading was making sense to him. Here he skipped right over it, so he's probably just reading words here, just to get it over with. Saw getting could never never make any sense, if he were actually reading for meaning. That is a good error: the mittens and his mittens. It's perfectly alright. I wouldn't be the least bit concerned about an error like that. Here he, if I remember correctly back here he couldn't read the word "off" on the sight word test. He was able to correct his error here. He was able to read off in context, which was good. That's a point in his favor. If this type of thing were not available where I couldn't hear him get by, generally, when you get a student you don't have access to hearing him read. That's one of the first things that I generally do. Find out just what he can do with print. That's about all I want. [Are you familiar with that series?] No. [Does it say anything about level on the back?] I would imagine this is first. Late first. After he did the reading here, did she ask questions about comprehension?

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		Or was it simply just used to find out if he could read? [I don't think so, I think he was asked questions after the silent reading.] Does the silent reading follow along with the oral reading. [I think it's the next...the silent reading was the next two pages, of the same story.] Are there questions typed out, or is it on tape? [The only other thing available is the other thing, so if you want to look at that...] The silent reading?
1109	7-2	[Yes,7-2.] This indicates that he was able to handle the material if he could recall it. So I don't know if he was questioned or just allowed to recall on his own. I prefer, when I give a test like this, not to ask questions. Especially with something that is at a reading level that is not at his frustration level, something that he should be able to generally enjoy reading. After they've finished reading something like this, I say OK now tell me something about it, tell me whatever you can remember. And not offer any information. A lot of times the questions that you give them will actually aid their recall. So, if you just let them rattle along and the only question I might ask is if he mentions the green frog,

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		I might say can you tell me any more about the green frog. Not give him any more information than he has given me. That way I can really tell if he's getting anything out of the print. One thing more I want to know, He's eight years old and in the third grade. I want to know what his birthdate is. Do you have that?
1110	[1-2	[The only thing I have is 1-2, that says he's eight years six months old at the time of testing, which was, I believe, in November.] So, he's eight and one-half in Nov. He was born sometime in the spring. So he probably was not an early starter. He probably wasn't a four year old starter. [I don't think he would have been.] Frequently I find with the students I've worked with, that especially a large number of reading problems is with boys, Frequently I find that the boys who are four year olds when they began school, have reading difficulties. I often check their birthdates, to see if they were young starters. (inaudible) This was not true of Richard here. OK. You want me to tell you what I think his strong points are? And his weak point? And what I might do? [Well, what your diagnosis might be?]

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		First thing I'd probably do is take him out of basal, and put him on a different type of software. I would probably give him language experience stories, to build his sight word recognition using the word bank and making sure that he knew every one of those words. The language experience stories serve a dual function. They teach sight word recognition and they show a kid that reading is really talk written down. I think there's a big difference to Richard what's on the written page and what verbalization is. That's a foreign language to him, I would think at this point. Working with him more closely my supposition would probably be found to be true. Generally, if I find kids who are ignoring punctuation and who are not correcting the obvious errors, reading is one thing but language is something totally unrelated. I would give him practice with cloze strategies. I've drawn up several of my own for young kids. The cloze that I use generally has one word omitted and its the same word throughout the story. So one of my stories, for example, the word that is omitted is dentist. The story takes the kid through his trip to the dentist. Every word that is omitted is dentist. What I do with that is ask the child to read it and one x if he thinks he knows what the omitted word is, and two x's if he is positive he knows what the word is. Where he put one x I'll say what made you say that? Where there are two x's, why do you know that's true? Not only is that showing him how to deal with the unknown word, it's showing him how to interact with print. That also serves a dual function. He needs experience with silent reading. He's apparently, from the testing I've looked at, not comprehending what he's reading silently: going

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		over it word for word, using his hand, using his lips, trying to use the verbal. So just about all the reading I'd do with him on a one to one basis, would be silent reading to show him that reading generally is a silent type of procedure. If he's dependent on the oral rate now, he's going to be in a lot of trouble when he gets in middle school, where he'll no longer be asked to read aloud. I suspect that oral reading, even though he's depending on oral reading to get comprehension, I would imagine that he's finding it very very difficult and so if he can become more comfortable with silent reading he probably would have more success in dealing with it. Do you want materials as well? [Yes.] I would use the Barnell Loft series. Because I think using context is good. I would like to have him build his sight word recognition early so that he can go into at least second level in Barnell Loft because I think the first level would just become tedious for him. If it's not at his frustration level to use Barnell Loft, it would build his comprehension. I would also use the flash X for a couple of reasons. He probably would find that it would be really challenging. It's a lot of fun. That serves a dual function too. The child learns that he doesn't have to study rules forever, to be able to maximize them. It's good for building vocabulary. They also do a beautiful job of using the context to get meaning from the word. It's one thing to be able to pronounce the word, but you have to be able to assign meaning to it. the EDL (?) does a real good job of that.

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		I'd probably want to find out what his interests are. If he likes Winnie the Pooh, provide lots of materials for him to read, that he would actually want to read. He's approaching the reading procedure right now as something very cumbersome. He's approaching it, apparently, with dislike. So it's important to find things that he would actually want to read, on a level that would not be frustrating for him. Working on a one to one basis, I would, find with the materials that he enjoyed reading in Softwares. . . and as he's reading ask him to underline every word that geve him difficulty, while he was reading. Then, all I have to do to build my strategies is use the unknown words, the words that gave him difficulty and build my strategy lessons around that, to build first of all sight word recognition, using context to derive meaning. And show him how he can get meaning from print or how he can unlock the unknown words. Then my strategies are right there because the words he didn't know are already underlined, I don't have to run around searching for them. [Can you then, under the strong points and the weak points, give me, I hate to use the word labels but you know what I mean, can you tell me the things he's strong in, in some sort of phrase, and the same thing with weaknesses.] OK. He is weak in recognizing sight words. He is strong in sight sound symbol relationships. In fact, so strong that he's depending almost solely on the graphophonic level, to read. He has going for him, that he has good language. And so he can use what he knows about language to get meaning from print. He has no speech problems. He's apparently very fluent and he's apparently very well adjusted. If he can use what he has

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		...I always say, for example, if he's reading orally to me as part of the strategy, if he reads a sentence where it is obviously syntactically incorrect, now, did that make any sense to you. No, it didn't. Why? Go back and find out why. Use what you know about language. And if he already has good language, I don't have to be concerned about that. He does at times use his sense of language but there are a lot of times here that he's not using that at all. [So, it may be a question of consistently using it?] Yes. Yes. [Or knowing when to use it?] Right. He has to know when to plug in what. Right now I think what he's doing is when he comes to the unknown, plugging in phonics, because again, that's what is generally taught. He's using that when it doesn't work. And he's ignoring the fact that he uses language. With the exception of the word off, in that oral reading. He was able to, at that point, say hey that didn't make sense, that couldn't be the right word. If he can consistently use that, his comprehension has to improve. Because in order to use that you have to be comprehending what you're reading. But he has to constantly be reminded. I found that I have to keep telling my students, "Did it make any sense to you?" If not, you must remember to go back and find out why it didn't make any sense. I generally give them a little crib sheet with a hierarchy of what to do with the unknown word.

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		And the last thing on that is sound it out, as far as I'm concerned. I would like them to depend less and less on phonics and more on comprehending to get meaning. [Did that more or less sum up your diagnosis and the kind of thing you would recommend, the kind of thing you would envision doing in the classroom if you had him?] Uh, huh.

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1-7	I wanted to know when he started school, but I didn't find that out. Oh, that wasn't 1-7. 1-7 is health. I wanted to know if he had missed a great deal of school. If there was a health difficulty, generally it will result in missing school. I wanted to know if he wore glasses. I wanted to know if his hearing was normal. And I wanted to know how his oral language was. [What did you find out?] Everything was normal. He apparently had not missed a great deal of school. He had good oral language and his hearing was good. [Why did you want to know that, generally?] With young children, I frequently use language experience and that's very difficult if they have poor language development. If their hearing is impaired, then there are different types of things you have to do in reading. If they've missed a great deal of school and you can narrow it down as to why they are, at least give you some indication as to why they are behind.
1-17	I wanted to know how he acted in the classroom. And whether or not he would adapt to the reading lab, or to a one to one basis. He apparently, I found, has good attention span. He had a positive attitude in everything but reading. [Did you have any hunches at that point, about what was going on?]

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	I felt that he had a hangup, if he was doing well in the other subjects and wasn't in reading. I felt there was something that was keeping him...Generally, a reading difficulty will have a snowballing effect. "I'm having trouble with this so I'm going to avoid it anyway." If someone put me on the tennis courts and I did a poor job of it, I'd do everything I could to avoid it. And a kid will do the same things reading.
2-1,2-2,2-4	I wanted to know right then, whether he had sight word recognition. And I asked for the list itself to see the kinds of errors he was making. And I felt, that his sight word recognition was weak. And the types of errors that he was making... [Wait a minute, you felt it was weak on the basis of what?] On the basis of that. [So the results of the Dolch words, more or less confirmed your opinion that he had a lack of sight word vocabulary?] Right. I also felt, when I looked at this, that he was taking a wild stab in the dark: looking at the beginning of the word and taking a stab at the dark if it was an unfamilar word to him. [What would you classify that as, his analysis skill?] Uh,huh. Here again, I really felt having a test like that, not having the context to help him, was putting him at a real disadvantage. If he has reading difficulties,

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	generally he's going to avoid print whenever possible.
4-1,4-6,4-11	I went to the Gates because I like the way...I'm not familiar with the early L(?) Gates, but I like the way they test for comprehension. For a standardized survey test, I think the Gates does a pretty good job testing for comprehension, pretty accurately. And, if you compare the results of the Gates with an informal reading inventory, you can kind of get a pretty good idea where he is. [Did you have any kind of hunches, based on that?] Before I saw it? [Yes.] I figured probably at least a grade and a half low. On the basis of the sight word vocab. [In what?] On that Gates, I figured he'd be at least a grade and a half low. [In both of them?] In comprehension. (inaudible). [And what did it tell you?]

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	That was confirmed. (Discussion of a Korean subject.)
6-4	I wasn't exactly sure what they were testing on this. Individual Reading Analysis - I hadn't seen it before. The one that wrote. I didn't know what it was. I thought it was probably going to give me an idea of what he was doing with print, either with cloze or with a reading passage and then a comprehensive check on it. That's what I was after. When I saw it, I flipped through just about everything down to using the context, which I thought was invalid, wasn't long enough. And, if he was having that much difficulty with reading the words, then it wasn't a good test. [Did you have sort of a hunch why you asked for that?] Yes. I wanted to know whether he was going to be able to use the context to get meaning. [What did it tell you?] Well, the test was invalid because the examiner provided about half the words for him. And it was too short, and the cloze started out with not even a full sentence. It didn't really tell me much. I did want to take a look at what he was doing with nonsense words and he wasn't

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	able to handle that. [Why?] Why did I want to know? Well, he seemed to be doing very well with sight sound symbol relationships until he came to putting that to work with something he didn't already know. [Did you have a hunch about that?] I thought he'd be able to handle it because he'd had so much phonics. So he wasn't making that transfer. He was bombarded with a lot of phonics and he wasn't able to put it to work, on the unfamiliar. I've got a feeling that most kids who really go through a basal that is phonetically based, are very good deceivers. You think they are dealing with phonics when they are not.
10-1,10-6, 10-11	I wanted to find out what his verbal IQ was. [Did you have some sort of a hunch?] Yes, I thought he was probably in the normal range. [And what did it tell you?]

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	He was in the high normal range. [Why did you feel that?] He sounded, when he was interviewed as if he was. Generally, if the child is slow, they'll sound slow. And the background info I'd read indicated he was a very normal little boy.
3-1,3-6,3-2, 3-7,3-4,3-9	I like to see what a child does with print silently as well as orally. To see if there is any large difference. Generally, their comprehension, if they're having reading difficulties, will be better in silent reading than it is in oral reading, because they're very apprehensive about reading orally and it'll get in the way of comprehension. But that wasn't the case with him. So probably what I thought at that point, he probably felt that reading was oral. (Discussion of Spache.) At that point, I felt there was hope for him (Discussion of she doesn't like to get water on her). To build (?) strategies to use the context for meaning. And I wasn't going to hold on with drilling him with any more phonics.
9-1	To see if there was a discrepancy between that and the Dolch, as far as grade level was concerned. [Did you have a hunch about that?]

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

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Experimenter _____ | Richard | Date 8/10/76 | of _____

Coder/Observer _____

Cue Requested: Number and Name	Clinician's Hypotheses
	Yes, generally, when I give the SORT, it's higher than the other word recognition tests. In the number of students that I've tested, I've found this to be true. So, if you take off two or three months, he's back in first grade sight word recognition level. [So, this is confirming the other estimate of sight word vocab?] I feel that it does. (confirm)
7-5	I like to find out what he's doing with print. What types of errors that he's making. Is he depending on the graphophonic, is he using syntax, is there a semantic level. The limitation there was, that I wasn't able to find out if he could recall. Generally, when I give something like that, well I had already told you, I'll ask them to recall what they ve read. I'll also offer no help. I tell them ahead of time, I won't give you a word. You do whatever you would ordinarily do, silently. I'm just sitting here. Pretend I'm not in the room. [Did you have, before you heard this, based on what you had already heard, did you have some hunches about what you were going to find?] I figured that he'd probably be depending heavily on graphophonics, at the expense of learning. I thought that he would probably not correct errors to make them make sense.

CLIPIR OBSERVATIONAL DEBRIEFING RECORD 7-30-76

Clinical Subject OSI-6 | Experimental Conditions | Time of Experiment _____ | Page 8

Experimenter _____ | Richard | Date 8/10/76 | of _____

Coder/Observer _____ | _____

Cue Requested: Number and Name	Clinician's Hypotheses
	I thought that he would spend a great deal of time on an unfamiliar word. If he came across any that were unfamiliar that he'd probably be'abor it. Had I been giving the examination, and if he spent ten minutes saying more (?) I could only say I probably would have told him to go on. [What did you find about your hunch that you expected you would find him, that he was depending on the graphophonics?] I found that in lots of cases he was. On many words, his reading was halting, he was ignoring punctuation. [What about not correcting errors? Your hunch that he wouldn't correct errors.] About half the time that came true. One thing, when I went back over, the sentence generally was not long. [And spending a great deal of time on unfamiliar words?] He didn't get a chance to. [So, it didn't really tell you one way or the other.] What I got was that his reading was very very halting.
7-2 1-2	I was curious about whether he was a young starter. He was not.

APPENDIX II

Content Analysis:
(1) Observational Sessions
(2) Debriefing Sessions

	CUE ACQUISITION O.S. 1-1 OBSERVATION		HYPOTHESIS GENERATION O.S. 1-1 OBSERVATION		
TIME	CUE	1	2	1	2
510	1-2	No comment			
510:30	1-7	Noted verbal aggressive tendencies.	Interested in checking out vision, hearing language development.		
511	1-12		Interested in position in family; educational status of parents.		
512	1-17		Wondering if aggressive tendencies-reading related. Interested in substitution of letters.	This is a reading problem, not language or emotional	
514	8-2,4,9				
516	8-12	----------			
516:30	8-14	No strong clues			
518	10-1,2	Trouble to tasks requiring concentration.			
520	10-6,7	Digit span			
521	10-11			I now have certain ideas about Richard's abilities.	
523:30	3-4	Used words correctly in context.			
526	3-9	----------			
526:30	3-14	Noted score within normal range.			
528	3-19				
528:30	9-4				Reinforces . . .
530	5-4	Substituting long vowel sounds for short ones. Notes lots of commonalities	Looking for commonalities.	Trouble with small parts of words and small substitutions. Seems to be aware of initial consonants and blends.	
536	3-34	----------			
536:30	3-24				Reinforces my thinking about letter order in words
538:30	3-29,27	----------			
540:30	2-4	----------			I'm hearing some kinds of things, (though for through
544	7-5				

IME	CUE	CUE ACQUISITION O.S. 1-1 DEBRIEFING 1	CUE ACQUISITION O.S. 1-1 DEBRIEFING 2	HYPOTHESIS GENERATION O.S. 1-1 DEBRIEFING 1	HYPOTHESIS GENERATION O.S. 1-1 DEBRIEFING 2
	1-2		Wants to know exact age.		
	1-7	----------			
	1-12		Wants to know general attitude toward reading. Looking for position in family.		
	1-17	Not referred to anyone else - psychologist, speech therapist, etc.	Mobility	It was just a reading problem	
	8-2 4,9.12,14	Noted score on reading recognition		Using strong initial consonants. Substituting words that were quite similar.	
	10-1,2,6, 7,11	Noted timing			Confirming that he uses ~~jus~~ just the beginning of words
	3-4,9,14, 19	Noted scores.	Wanted to see errors made in oral reading. Wanted to see silent reading comprehension.		Confirm just a reading problem.
	9-4	----------			Confirm (?)
	5-4		Can child blend smaller parts into whole word.		Confirm weak in discriminating similar words.
	3-34	Noted score			
	2-4	I knew he'd know the sounds of letters.			
	7-5	Noting child could read.			More confirming (?) Very consistent.

WORKING--CONFIRMATION: OBSERVATION

Trouble with small parts of words and small substitutions

Aware of initial consonants and blends

WORKING--CONFIRMATION: DEBRIEFING

It was just a reading problem

Using strong initial consonants

Substituting words that are quite similar

WORKING--CONFIRMATION: OBSERVATION

This ia a reading problem, not language or emotional

Certain ideas about Stephen's abilities (insufficient information)

WORKING--CONFIRMATION: DEBRIEFING

SUMMARY

(No diagnostic summary)

	CUE ACQUISITION			HYPOTHESIS GENERATION	
		O.S. 1-2 OBSERVATIONAL		O.S. 1-2 OBSERVATIONAL	
TIME	CUE	1	2	1	2
1346	1-17 (Phys/ Health)	Passed vision/hearing; Aggressive verbally. No speech deficiency/therapy.			
1347	1-12 (Home/ Family)	Reading habits of parents- don't read extensively.			
1348	1-17 (classrm)				
1349	4-2,4-7 (Gates- vocab/com)	Doesn't answer my question.	How well he does on his own.		
1352	4-1,4-6, 4-11,4-4, 4-9 & speed/ accuracy	Notes values	Indication of expectancy		
1356	10-1,10-2 10-6,10-7 10-11,10- 12, WISC	Noted I.Q. score and examiner comments.			
1400	9-1,9-2, 9-3,9-4, 9-5. SORT	Noted reversals; noted no attempt to sound out words. Noted examiner comments.	Looking for error patterns		
1406	2-5(Dolch)	Noted consistent errors.			
1413:30	3-1,3-2,3- 4,(Durrell oral)	Noted corrected himself.		Comprehension is good.	
1414:30	3-5 Durrell Audio	Reads word by word Noted same errors as on 2-5.		Looks only at beginnings, endings of words, not middle.	

TIME	CUE	CUE ACQUISITION O.S. 1-2 OBSERVATIONAL 1	CUE ACQUISITION O.S. 1-2 OBSERVATIONAL 2	HYPOTHESIS GENERATION O.S. 1-2 OBSERVATIONAL 1	HYPOTHESIS GENERATION O.S. 1-2 OBSERVATIONAL 2
1423	3-6,3-7, 3-9(Durrell silent)			Reads word by word.	
1424:30	3-11,3-12 3-14 Durrell Listening				Verifies comprehension good. Verifies word att problem (including sigl words, reversals, phone attack skills).
1426	3-16,3-17, 3-19 (Durrell word recognition)	Noted error pattern on flash and analysis sections.			Further verified sight/ analysis problem.
1427:30	3-21,3-22, 3-24 Durrell Visual Memory	Noted grade score Noted error patterns			Further verified consis of errors.
1429	3-26,3-27, 3-29 (Hearing sounds)	Noting score.		Better auditory learner than visual.	
1430	3-31,3-32, 3-34 sounds of letters	Noted score. He knows sounds of phonograms.			
1430:30	5-1,5-2 (Gates McKillop)	Notes he knows initial consonant blends	Checking consistency of error pattern.		Confirms problems with and endings of words.
1433	5-5 Gates-McK	Wanted to hear blending- no tape			
1435	6-4(IRA)	Notes errors in long vowels, vowel digraphs, reversals.	Consistent reversal pattern.		Confirming problems w phonetic analysis.

		CUE ACQUISITION O.S. 1-2 OBSERVATIONAL		HYPOTHESIS GENERATION O.S. 1-2 OBSERVATIONAL	
TIME	CUE	1	2	1	2
1437	7-2 Informal Reading	Noted he read word by word.			Verifies word by word reading.
1438	8-1,8-2, 8-4 (PIAT)	Noted reading recognition score.			
1439:30	8-6,8-7, 8-9 PIAT	----------			
1440	8-11,8-12, 8-14 Spelling PIAT	Noted grade level.			
1440:30	8-16,8-19, General Information	----------			

TIME	CUE ACQUISITION O.S. 1-2 DEBRIEFING CUE	1	2	HYPOTHESIS GENERATION O.S. 1-2 DEBRIEFING 1	2
	1-7		Normally collect this information to check hearing/vision and illness.		
	1-12		If parents aren't really readers, it's one clue looked for.		
	4-2;4-7	Noted how much higher he scored when test read to him.	Normally use instrument (silent reading) to determine reading level.	Could be doing much better.	
	4-1,4-6, 4-11,4-4, 4-9				Confirming: Expectancy, probably higher than achievement.
	10-1,10-2, 10-6,10-7, 10-11, 10-12.	Cues noted but not utilized: lower scores when timed, under pressure, inability to concentrate under pressure.	I always want to know what the mental ability is.		Confirmed that we could expect a lot more from hi
	9-1, 2,3,4, 5	Noted reversals Noted didn't attack unfamiliar words.	Checking for error patterns.	First clue on reversals; kept reoccurring.	
	2-1,2,3,4, 5	Noted scores.	It's a procedure that I would follow.	Deficiency in sight words here. That's always a good clue. Made errors in the middle of words. Problem in the area of word recognition.	Confirming error pattern-Same reversals confirming Slosson.
	8-1,2,4		It's a procedure that I follow.		Further evidence of Sloss type error patterns (Reversals).
	8-5,6,7	Noted score.			

TIME	CUE	CUE ACQUISITION O.S. 1-2 DEBRIEFING 1	2	HYPOTHESIS GENERATION O.S. 1-2 DEBRIEFING 1	2
	9,11,12, 14	Read one word at a time.		Auditory learning best means of approach	Confirming same types of errors.
	3-16,17, 19	Noting lack of analysis skills.		Has deficiency in word analysis skills.	Confirmed sight word deficiency.
	3-21,22,24 26,27,29	Noted scores			
	5-1,2,5		Could he blend?		
	6-4	No information			
	7-2	No information			
	8-1,2,4	No information			

O.S. 1-2

WORKING--CONFIRMED: OBSERVATION	DIAGNOSTIC SUMMARY
Comprehension good	
Word Attack problem	Word attack problem
Sight Words	Word recognition
Reversals	Reversals
Phonetic analysis	Phonetic word attack skills
Word by Word reading	Reading word for word
WORKING--CONFIRMED: DEBRIEFING	
Word attack problem	Word attack problem
Sight Words	Sight vocabulary
Reversals	Reversals
Phonetic Analysis	Phonetic Analysis
Expectancy higher than achievement	
WORKING: OBSERVATION	
Better auditory learner than visual	Poor visual memory
WORKING: DEBRIEFING	
Better auditory learner than visual	

	CUE ACQUISITION O.S. 1-3 OBSERVATIONAL		HYPOTHESIS GENERATION O.S. 1-3 OBSERVATIONAL	
CUE	1	2	1	2
0:53	Typical miscues		Probably suggesting some kinds of confusion relative to some discrimination components.	
	Grade equivalent of 2.2		No evidence of any analysis behavior. Looks like it's almost 100% operating on sight.	
:57	Noted scores		Apparent analytic behavior is really simply competing responses	Confirming lack of analytic behavior
:00	Rate reasonably high, Contextually everything is making sense, in levels 1 & 2		Knows that reading is supposed to be a message situation.	
	Word by word			
:04	Noted score		Has a bunch of sub skills which he can use if directed.	
:07	No errors on hearing sounds			Has isolated sub skills (but no analysis behavior evidenced)
	Noted Dolch words missed			Confirms contextual ability (message situation)
:10	This doesn't tell me	Wanted to know if this kid reads		
:14	Noted errors			Confirmed discrimination problems.

	CUE ACQUISITION O.S. 1-3 DEBRIEFING		HYPOTHESIS GENERATION O.S. 1-3 DEBRIEFING	
ME CUE	1	2	1	2
9-4		I want to find out how many words this kid knows.	Kid doesn't know what to do with words unless they're already in memory.	
3-19	Noted annotations on analysis section			Confirming use of associated words already in memory Confirming non-analytic behavior.
5-4			Kid had isolated sub-skills. Unable to apply	Dis-confirming absence of analytic skills.

O.S. 1-3

WORKING--CONFIRMATION: OBSERVATION	SUMMARY
Some confusion relative to some discrimination components	Discrimination component
Lack of analytic behavior	Lack of analytic behavior
Knows that reading is supposed to be a message situation	Knows what reading is all about
Has bunch of sub skills which he can use when directed	Filled with sub-tasks
	Evidence of being smart enough
WORKING--CONFIRMATION: DEBRIEFING	
Non-analytic behavior; working from memory	Non-analytic behavior
Kid has isolated sub-skills	Has isolated sub skills
WORKING--OBSERVATION	
Word by word reader	

WORKING: DEBRIEFING

		CUE ACQUISITION O.S. 1-5 OBSERVATIONAL		HYPOTHESIS GENERATION O.S. 1-5 OBSERVATIONAL	
ME	CUE	1	2	1	2
352	1-2		Looked to see when he started school		
352:30	1-7	Noted health background	Wanted to rule out vision/ hearing problems		
353	1-12	Noted mother says she reads slowly. Family not readers.	Looked to see if there were contributing factors at home. No indication from information.		
355	4-11,1,6, 3,8		Looking at Gates to see what kind of errors he made.	Not looking carefully at ends of word. Problems possibly to visual discrimination. Perhaps looking only at beginning of word and makes hasty decision. (Configuration only)	
407	3-5,4	Good use of context			
413	2-1,3,2	Noting Dolch errors	Typical end-of-first grade, second grade errors	Ignoring vowels Making major substitutions	Confirm ignoring ends of wor Confirm using configurations Confirm deficient in sight words.
417	3-24,22			Not certain where he's supposed to look initially	Confirm trouble with visual memory.
420	3-11	----------			
421	5-4	----------			
424	3-19	----------			

		CUE ACQUISITION O.S. 1-5 DEBRIEIFNG		HYPOTHESIS GENERATION O.S. 1-5 DEBRIEFING	
TIME	CUE	1	2	1	2
	1-2	Unable to determine from information	Looking for interests, handedness and experiences.		
	1-7	Found out school and home address	Wanted to know school		
	1-12	Noted first child Noted mother more educated than father Not provided	Wanted to know position in family wanted to know ages of siblings	Could possibly cause problems. Reading not a priority	
	4-11,1,6	Clinician misunderstanding of nature of information			
	4-3;4-8	Noted 1-6,1-8	Wanted to know instructional level. Wanted to know what errors he made.		Confirms reading not seen a priority.
	3-5,3-4		Wanted to find out about his word analysis skills. Wanted to find out his experience with language.	He uses context clues. He knows how to analyze words Deficiency in sight words.	
	2-1,2,3		I wanted to know how deficient		Confirms sight word deficiency.
	3-24,22		Wanted to see if he was not relying on visual memory.	Relies heavily on configuration.	Confirms not relying on visual memory.
	3-11	Noted capacity to read and comprehend language		He has capacity and ability with language beyond chronological age.	
	5-4	Clinician misunderstanding of nature of information	Wanted confirmation of where he looked at word.		

TIME	CUE	CUE ACQUISITION O.S. 1-5 DEBRIEFING 1	CUE ACQUISITION O.S. 1-5 DEBRIEFING 2	HYPOTHESIS GENERATION O.S. 1-5 DEBRIEFING 1	HYPOTHESIS GENERATION O.S. 1-5 DEBRIEFING 2
	3-19	Noted scores; Noted reversals.		Only looking at beginning parts of words.	

O.S. 1-5

WORKING--CONFIRMATION: OBSERVATION	SUMMARY
Ignoring ends of words	Ignoring ends of words
Using configuration only	Relies too heavily on configuration
Deficient in sight words	Deficient Dolch list
	Capacity to read and understand beyond chronological age and grade
	Understanding what he's reading
	He is relying on context to arrive at words
WORKING--CONFIRMATION: DEBRIEFING	
Reading not seen as a priority	
Sight word deficiency	Sight word deficiency
Not relying on visual/memory	
	Inconsistent with where he looks at words
WORKING: OBSERVATION	
Ignoring vowels	
Making major substitutions	
Not certain where he's supposed to look initially	Confused about where to look at a word
WORKING: DEBRIEFING	
Uses context clues	
Relies on configuration	
Has capacity/ability to language beyond chronological age	
Only looking at beginning parts of words	

	CUE ACQUISITION O.S. 1-6 OBSERVATION			HYPOTHESIS GENERATION O.S. 1-6 OBSERVATION	
TIME	CUE	1	2	1	2
035	1-7	Notes no speech difficulty. Oral language seems good.	Wanted patterns of times missed or period of years. This could affect reading.		
037	1-17	No excessive time missed in school. Not cooperating in reading. Series used-Ginn's phonic-based. Everything else normal.		Phonics-based system is not working for him.	
039:30	2-1,2,4	Sight word recognition fair through primer. Falling short in first grade. Noted types of substitutions.	Find out how much sight recognition he has. Would not be concerned with substitutions in words that are visually similar when they are out of context.	Needs help with sight words.	
043	1-1,6,11	Comprehension/Vocabulary almost better than 1 year below grade level.	Not concerned with speed and accuracy in a child of this age.		
046	6-4	Does not examine opening pages. Basing assumptions on nature of Ginn series.	He knows the names of letters and sounds of the individual vowels.		
		Noted he did not do well on nonsense words.	Reversals/digraphs not important.	He's not making the transfer of sound/symbol relationships to language.	Confirming he can't use phonics.
				He can't read out of context words that do not require any phonics.	Confirming limited sight vocabulary.
051	10-1,6,11	High average I.Q.		I.Q. not reason for difficulty.	

	CUE ACQUISITION O.S. 1-6 OBSERVATION		HYPOTHESIS GENERATION O.S. 1-6 OBSERVATION	
IME	CUE	1	2	1	2
52	3-1,6,2,7, 4,9	Oral reading below 2nd grade. Silent reading score not obtainable. Oral reading substitutions based on context good. Comprehension good in oral reading. Noting sub-vocal, finger pointing in silent reading.		Oral reading to him must be reading He is interacting with the print.	
56	9-1	Notes grade is low.			Confirms problems with sight words.
59	7-5	Unable to determine from information. Noted he shifted tense. Noted elimination of punctuation.	Looks for things whenever listens to a child read. Checking dependence on written symbol. Looks for whether corrects or doesn't correct error.	Not depending solely on print. Reading words, not reading for meaning.	Indicates reading is 1 thing, language is somethin else.
09	7-2			Able to handle material if he could recall it.	
10	1-2	Noting age at time of testing. Probably not an early starter.			

	CUE ACQUISITION O.S. 1-6 DEBRIEFING		HYPOTHESIS GENERATION O.S. 1-6 DEBRIEFING	
ME	CUE	1	2	1	2
	1-7	Everything was normal. He had not missed great deal of school. Oral language/hearing good.	I wanted to see if he had missed a great deal of school. Wanted to know if hearing/vision were normal/ how oral language was.		
	1-17	Good attention span; positive attitude in everything but reading.			
	2-1,2,4	Sight word recognition weak.	Wanted to know right then if he had sight word recognition. Wanted to see kinds of errors he was making.	Looking at beginning of word and taking a stab if it was an unfamiliar word.	
	4-1,6,11				Confirmation of sight word vocabulary problem.
	6-4	Didn't tell me much. Doing well with sight/ sound symbol relationships until he sees an unfamiliar word.	Wanted to know whether he would be able to use context to get meaning.	He wasn't making sight/ sound symbol relation transfer.	
	10-1,6,11	High normal range.	Wanted to find verbal I.Q.	Thought he was probably in normal range.	
	3-1,6,2, 7,4,9	Oral reading better than silent reading.	Like to see what a child does with print silently as well as orally.	He probably felt that reading was oral.	
	9-1				Confirming sight word deficiency.

CUE ACQUISITION
O.S. 1-6 DEBRIEFING

HYPOTHESIS GENERATION
O.S. 1-6 DEBRIEFING

ME	CUE	CUE ACQUISITION 1	CUE ACQUISITION 2	HYPOTHESIS GENERATION 1	HYPOTHESIS GENERATION 2
	7-5	Wasn't able to find out if he could recall. (Experimenter error-information on tape) In lots of cases was depending on graphiphonics, About ½ the time he didn't correct errors.	want to see what types of errors he's making.	Figured he was depending heavily on graphiphonics. Would probably not correct errors to make them make sense.	
		Unable to determine.	Thought he would spend great deal of time on an unfamiliar word.		
	1-2	Not a young starter	Wanted to see if he was a young starter.		
	7-2	Experimenter did not debrief this cue.			

WORKING--CONFIRMATION: OBSERVATION	SUMMARY
Phonics based system not working	Can't use phonics
Needs help with sight words	sight word proolem
Not making transfer of sound-symbol relation to language	Reading is one thing; language is something else
WORKING--CONFIRMATION: DEBRIEFING	
Looking at beginning of word and taking a stab at it (sight word problem)	
	Not correcting obvious errors
WORKING: OBSERVATION	
I.Q. not reason for difficulty	
Oral reading to him must be reading	Oral reading to him is reading
He is interacting with the print	
He is not interacting with the print	Not interacting with print
Not depending solely on print	
Reading words, not reading for meaning. Able to handle material if he could recall it.	Word for word reader; not comprehending
WORKING: DEBRIEFING	
No sight-sound symbol relation transfer	
Thought he was in the normal I.Q. Range	
Probably felt that reading was oral	
Depending heavily on graphiphonics	
Would probably not correct errors to make them make sense	
Thought he would spend great deal of time on unfamiliar word	

APPENDIX III

Cue-by-Hypothesis Matrix for Each Subject

Hypotheses O.S.1-1

(Appendix 3)

	Just a reading problem	Using strong initial consonants	Substituting words that were quite similar	Trouble with small parts of words and small substitutions
Classroom Information	+			
Peabody		+	+	
WISC		+		
Gates McKillop		+	+	+
Durrell: Oral, Silent	+			
Informal Reading Test			+	

	Word attack (analysis?) problem	Word-for-Word reader	Comprehension good	Reversals	Sight word problems (Recognition?)	Expectancy higher than achievement	Better auditory learner than visual
Durrell Oral Reading	+	+	+				
Dolch Words				+	+		
Slosson				+			
Durrell Silent	+						
Durrell Listening	+		+	+	+		
Gates MacGinitie(Vocabulary & Comprehension)						+	
WISC						+	
Durrell Word Recognition/Analysis	+				+		
Durrell: Hearing sounds in words						+	
Gates McKillop	+						
I.R.A.	+						
Informal Reading		+					

O.S. 1-3

	Confusion Relative to Discrimination Components	Analysis Behavior	No Evidence of Words Already in Memory	Use of Associated sub skills present	Isolated Analytic	Word by Word Reader	Knows Reading is a Message Situation	Contextually Making Sense
Slosson Oral Reading	+	+	+					
Durrell Word Recogniton; Word Analysis		+	+					
Gates McKillop		-		+				
Durrell: Oral						+	+	+
Durrell: Hearing Sounds of Words/Letters				+			+	
Dolch	+							

O.S. 1-5

	Reading not a Priority	Uses Context Clues	Discrimination) (Configuration) Ends of Words (Visual	Not Looking Carefully at	Knows How to Analyze Words	Deficiency in Sight Words	Making Major Substitutions	Ignoring Vowels	Look Initially	Not Certain Where to	Beyond Chronological Age	Has Capacity and Ability
Home/Family Background	+											
Gates MacGinitie Vocabulary/Comprehension	+		+									
Durrell: Oral		+			+	+						
Dolch			+			+	+	+				
Durrell: Visual Memory			+			+				+		
Durrell: Listening												+
Durrell: Word Recognition/Analysis			+									

O.S. 1-6

	Phonics Based System not Working for Him	Sight Word Deficiency	Looking at Beginning of Word and Guessing (Configuration)	Symbol Transfer	Not Making Sight-Sound	Difficulty I.Q. Not Reason for	Oral Reading to Him Must be Reading	With Print He is Interacting	Reading Words, Not Reading for Meaning (Depending on Graphiphonics)	If He Could Recall it. Able to Handle Material
Classroom Information	+									
Dolch		+	+							
Gates MacGinitie Vocabulary/Comp.		+								
I.R.A.	+	+		+						
WISC						+				
Durrell: Oral, Silent							+	+		
SORT		+								
Informal Reading									+	+

APPENDIX IV

(1)Master Cue-by-Hypothesis Matrix

(2)Diagnostic Synonyms

MASTER MATRIX-Richard

	Word Attack Problem	Word-for-Word Reader	Comprehension Good	Reversals	Sight Word Problem	Expectancy Higher than Achievement	Better Auditory Learner Than Visual	Using Strong Initial Consonant	Problem to Visual Discrimination	Phonics Based System Not Working	Oral Reading to him Must be Reading	Has Isolated Analytic Subskills	Reading Not a Priority	Uses Context Clues	Knows Reading is a Message Situation
Durrell Oral	2	2,3	6,2		5	1					6	5		5,3	
IRA	6				6										
Mosson	3				6,3				3						
Durrell Visual Memory	5				5				5						
Informal Reading		6							1						
Durrell Silent			6			1					6				
Dolch				2	2,6,5			6	5,3						
Durrell Listening					2	5									
Durrell Word Recognition and Word Analysis					2,3				5						
Gates MacGinitie Vocabulary and Comprehension					6	2			5				5		
Classroom Information						1				6					
WISC						6,2		1							
Durrell Hearing Sounds in Words							2					3			3
Peabody Achievement								1	1						
Gates McKillop								1	1			3			
Durrell Sounds of Letters												3			3
Home/Family													5		

MASTER MATRIX-Richard

Hypotheses	Clinician					Percent
Word attack problem	2		6	3	5	80
Word-for-Word reader	2		6	3		60
Comprehension good	2		6			40
Reversals	2					20
Sight Word problems	2		6	3	5	80
Expectancy higher than achievement	2	1	6		5	80
Better auditory learner than visual	2					20
Using strong initial consonant		1	6			40
Substituting words that were quite similar		1		3	5	60
Trouble with small parts of words and small substitutions		1		3	5	60
Phonics based system not working for him			6			20
Oral reading to him must be reading			6			20
Has isolated analytic subskills				3	5	40
Reading not a priority					5	20
Uses context clues				3	5	40
Knows reading is a message situation				3		20

APPENDIX 2

Inclusive Hypotheses	Clinician
EXPECTANCY HIGHER THAN ACHIEVEMENT	2
Just a reading problem	1
I.Q. not reason for difficulty	6
Has capacity and ability beyond chronological age	5
USING STRONG INITIAL CONSONANT	1
Looking at beginning of word and guessing	6
WORD FOR WORD	2
Reading words; not reading for meaning	6
HE IS INTERACTING WITH PRINT	6
Knows reading is a message situation	3
SIGHT WORD PROBLEMS	2
Sight word deficiency	6
Deficiency in sight words	5
Use of associated words already in memory	3
Knows how to analyze words	5
TROUBLE WITH SMALL PARTS OF WORDS AND SMALL SUBSTITUTIONS	1
Ignoring vowels	5
Confusion relative to discriminating components	3
Not looking carefully at ends of words	5
WORD ATTACK PROBLEM	2
No evidence of analysis behavior	3
Not certain where to look initially	5
Not making sight/sound/symbol transfer	6
SUBSTITUTING WORDS THAT WERE QUITE SIMILAR	1
Use of associated words already in memory	3
Making major substitutions	5

CLIPIR CASE PROFILE FORM 6/1/76

APPENDIX V
Case Profile Forms

• CASE NUMBER _____
• PAGE 1 OF 5

• PROFILE DESCRIPTION O.S. 1 Richard

1. Richard
2. Larry

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Physical/Health Background	8 years old, 3rd grade vision - normal hearing - normal health - normal		
Classroom Information	Counselor - No Referral Social Worker - No Referral Reading Teacher - No Referral		
Dolch Words	Primer List: 83% Correct First Grade List: 61% Correct	an for and, first for find, there for three, new for now.	Hyp: Insufficient fine discrimination on sight words.

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• PROFILE DESCRIPTION O.S. 1 RICHARD

• CASE NUMBER _____

• PAGE 2 OF _____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Durrell Oral Reading	2L	Miscalled he and big; something for somethings and chicken for kitten.	Hyp: Confirmed lack of sight word vocabulary
Durrell Silent Reading	Below first grade based on rate.	Finger pointing Non-sequential memory beyond paragraph 2.	
Durrell Listening Comprehension	Grade 4-5		Hyp: Potential for grade level reading exists.
Durrell Word Recognition and Word Analysis	W.R. - 1H W.A. - 1H	Recognized 18 of 40 words by sight. Analyzed 9 when given time. Read lot for lost, hope for hole.	Hyp: Confirmed lack of sight vocabulary. Hyp: Analysis was really just a second guess.
Durrell Visual Memory of Words, Primary	Grades 1-5	Park for part, quite for quiet.	Hyp: Confirmed lack of fine discrimination of sight words.
Durrell Hearing Sounds in Words	Grade 3-5 (all correct)		
Durrell Sounds of Letters	All correct		

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• CASE NUMBER _____

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• PROFILE DESCRIPTION O.S. 1 Richard

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Gates MacGinitie Speed and Accuracy	Grade 2-1		
Gates MacGinitie Vocabulary	Grade 1-8	Score grade 3-3 when read to	Hyp: Confirmed potential for grade level reading
Gates MacGinitie Comprehension	Grade 1-6	Score 4-5 when read to	Hyp: See above

CLIPIR CASE PROFILE FORM 6/1/76

• CASE NUMBER _____

• PROFILE DESCRIPTION O.S. 1 Richard

• PAGE 4 OF _____

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CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Gates McKillop Recognizing and Blending Common Word Parts	First trial: 6 out of 23 Initial Consonant Units: 19/23 Final Phonogram Units:15/23 Repeat of original list: 22/23	Tried hard.	Hyp: Uses intial consonants to try and figure out words. Needs systemati instruction in independently identifying and blending word parts.
Informal Reading		through for thought, saw for was, off for of. Able to correctly recall sequence of events.	Hyp: Confirm lack of sight words. Hyp: Able to use context
Slosson Oral Reading Test Sort	Grade 2-2	Similar errors as on Dolch	Hyp: See Dolch

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● PROFILE DESCRIPTION O.S. 1 Richard

● CASE NUMBER _____

● PAGE 5 OF _____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
WISC	Full Scale: 118 IQ Verbal: 115 Performance: 118	Performed slightly lower on timed tasks.	Hyp: Confirm potential for grade level reading. Hyp: Confirm using initial consonants under pressur not attending to rest of word.

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• PROFILE DESCRIPTION O.S. 2 LARRY

• CASE NUMBER _____

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CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Referral Information: Parent Form		- 11½ years old - 6th grade. - Parents together. - 3 siblings each of whom has school problems. - frequent colds in early grades/ absences in early grades.	
Referral Information: Teacher Form		Reading/Comprehension problem in all content areas. Seems to be adjusted; has friends.	
School Information: School Record		Absent in early grades.	

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● CASE NUMBER _____

● PROFILE DESCRIPTION O.S. 2 Larry

● PAGE 2 OF _____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
School Information: Vision/Hearing		Vision: Normal Hearing: Loss in higher frequencies.	Hyp: Hearing problem affecting reading.
School Information: Pupil Evaluation		- Needs to listen better. - Needs to participate in class discussion. - Problems in reading-related subjects. - Likes art, music, P.E., science.	Hyp: Hearing problem manifesting itself in variety of ways.
Dolch words	List 2: 94%	dry for draw, fill for full, mad for made, talk for take, wet for want.	Hyp: (a) Difficulty with high frequency final consonants t,k. Hyp: (b) Inadequate strategy for identifying and blending word parts. Hyp: (c) Inadequate fine discrimination of sight words.

CLIPIR CASE PROFILE FORM 6/1/76

• CASE NUMBER _____

• PROFILE DESCRIPTION O.S. 2 Larry

• PAGE 3 OF _____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Durrell Oral Reading	Score 3-5	bought for brought, on for one, filled for field, America for Africa, yard for hard, speared for spread.	Hyp: Confirmed - See Dolch (b) and (c).
Durrell Silent Reading	Score 3-0	Poor memory for paragraphs 4 and 5	
Durrell Listening Comprehension	4-5		
Durrell Word Recap/ Word Analysis	W.R. 4-5 W.A. 4-0	difference for different, ink for inch, ground for guard, drown for drawn, image for imagine, proved for provide.	Hyp: Confirmed Dolch (a) (t,ch,ed endings lost)
Durrell Visual Memory of Words - Primary	3-5	mountain for mountains, advance for advances, mediate for meditate.	Hyp: Confirmed Dolch (a) (s endings lost)
Durrell Hearing Sounds in Words	2-5	Problems with initial and final consonant sounds.	

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• CASE NUMBER _____

• PROFILE DESCRIPTION O.S. 2 Larry

• PAGE 4 OF _____

CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
Gates MacGinitie Vocabulary	4-1	When examiner read items to him, score was year-end fourth grade.	Hyp: Potential for increased reading ability exists.
Gates MacGinitie Comprehension	2-9		
Gates MacGinitie Speed and Accuracy	3-2 2-6		

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• PROFILE DESCRIPTION O.S. 2 Larry

• CASE NUMBER _____

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CUE NAME	SCORE OR VALUE	OBSERVATIONS	AUDIO TAPE
SORT	4-0	Filled for field, everything for evening beach for bench, perfume for perform.	Hyp: Confirmed Dolch (b) and (c).
WISC	Full Scale I.Q. 95 Verbal 86 Performance 106		Hyp: Confirmed (See Gates) on basis of full scale score. Hyp: General deficit in language development.